### Case 17-22919-JNP Doc 1 Filed 06/23/17 Entered 06/23/17 21:01:59 Desc Main Document Page 1 of 91

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| DISTRICT OF NEW JERSEY                          | -                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:                                  | Identify Yourself   |   |   |   |
|-----|--|---|---|---|---|
|     |  |   | About Debtor 1:                               | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                                    | r full name   |   |   |   |
|     | your<br>pictu<br>exar<br>licer<br>Brin | e the name that is on<br>government-issued<br>ire identification (for<br>nple, your driver's<br>ise or passport). | Sheri First name  Lynn Middle name  Longstaff |   | First name  Middle name                       |
|     | iden<br>mee                            | tification to your ting with the trustee.   | Last name and Suffix (Sr., Jr., II, III)      | I | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |  | other names you have<br>d in the last 8 years   |   |   |   |
|     |  | ide your married or<br>den names.   |   |   |   |
| 3.  | you<br>num<br>Indi                     | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>atification number           | xxx-xx-6322                                   |   |   |

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Case number (if known)

Debtor 1 Sheri Lynn Longstaff

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 450 West Avenue P.O. Box 753 Ocean City, NJ 08226 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cape May County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Why you are choosing Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Sheri Lynn Longstaff

Case number (if known)

| ar  | t 2: Tell the Court About   | Your E    | Bankruptcy Ca  | ise                               |   |   |                      |  |  |
|-----|---|-----------|----------------|-----------------------------------|---|---|----------------------|--|--|
| 7.  | The chapter of the Bankruptcy Code you are                                |           |                |                                   | of each, see <i>Notice Required by</i> f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing<br>te box.  | for Bankruptcy       |  |  |
|     | choosing to file under  | Chapter 7 |                |                                   |   |   |                      |  |  |
|     |   |           | Chapter 11     |                                   |   |   |                      |  |  |
|     |   |           | Chapter 12     |                                   |   |   |                      |  |  |
|     |   |           | Chapter 13     |                                   |   |   |                      |  |  |
|     |   |           |                |                                   |   |   |                      |  |  |
| 3.  | How you will pay the fee  |           | about how yo   | u may pay. Typ<br>attorney is sub | pically, if you are paying the fee yo                                     | ck with the clerk's office in your local coupurself, you may pay with cash, cashier' alf, your attorney may pay with a credit         | s check, or money    |  |  |
|     |   |           |                |                                   | stallments. If you choose this option to (Official Form 103A).            | on, sign and attach the Application for In  | ndividuals to Pay    |  |  |
|     |   |           | Ū              |                                   | ` ,   | n only if you are filing for Chapter 7. By  | law, a judge may,    |  |  |
|     |   |           | applies to you | ur family size a                  | nd you are unable to pay the fee i  | our income is less than 150% of the offic<br>n installments). If you choose this option<br>cial Form 103B) and file it with your peti | n, you must fill out |  |  |
| ).  | Have you filed for bankruptcy within the                                  | ■ N       |                |                                   |   |   |                      |  |  |
|     | last 8 years?   | ☐ Y       |                |                                   |   |   |                      |  |  |
|     |   |           | District       |                                   | When  |   |                      |  |  |
|     |   |           | District       |                                   | When  | Case number   |                      |  |  |
|     |   |           | District       |                                   | When  | Case number   |                      |  |  |
| 10. | Are any bankruptcy  | ■ N       | 0              |                                   |   |   |                      |  |  |
|     | cases pending or being filed by a spouse who is not filing this case with | □ Y       |                |                                   |   |   |                      |  |  |
|     | you, or by a business partner, or by an affiliate?                        |           |                |                                   |   |   |                      |  |  |
|     |   |           | Debtor         |                                   |   | Relationship to you   |                      |  |  |
|     |   |           | District       |                                   | When  | Case number, if known   |                      |  |  |
|     |   |           | Debtor         |                                   |   | Relationship to you   |                      |  |  |
|     |   |           | District       |                                   | When  | Case number, if known   |                      |  |  |
| 11. | Do you rent your  | ПΝ        | o. Go to li    | ine 12.                           |   |   |                      |  |  |
|     | residence?  | ■ Y       | es. Has yo     | ur landlord obt                   | ained an eviction judgment agains   | st you and do you want to stay in your re   | esidence?            |  |  |
|     |   |           | C3.            | No. Go to line                    | 12.   |   |                      |  |  |
|     |   |           | -              |                                   |   | Judgment Against You (Form 101A) and  | d file it with this  |  |  |
|     |   |           | Ц              | bankruptcy pe                     |   | oddyment Against Tou (Form 101A) alli   | a me it will tills   |  |  |

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Debtor 1 Sheri Lynn Longstaff

Case number (if known)

| art | 3: Report About Any Bu  | sinesses ` | You Own                           | as a Sole Proprietor  |  |  |  |  |
|-----|---|------------|-----------------------------------|---|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to                             | Part 4.   |  |  |  |  |
|     |   | ☐ Yes.     | Name                              | and location of business  |  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            | Name                              | of business, if any   |  |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |            |                                   | er, Street, City, State & ZIP Code  |  |  |  |  |
|     | it to this petition.  |            |                                   | k the appropriate box to describe your business:  |  |  |  |  |
|     |   |            |                                   | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |  |  |
|     |   |            |                                   | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |  |
|     |   |            |                                   | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |  |  |
|     |   |            |                                   | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |  |  |
|     |   |            |                                   | None of the above   |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines  | s. If you in<br>is, cash-flo      | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B). |  |  |  |  |
|     | For a definition of small   | No.        | I am not filing under Chapter 11. |   |  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      | I am fi<br>Code.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |  |
|     |   | ☐ Yes.     | I am fi                           | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |  |
| arí | 4: Report if You Own or   | Have Any   | Hazardo                           | ous Property or Any Property That Needs Immediate Attention   |  |  |  |  |
| 4.  | Do you own or have any  | ■ No.      |                                   |   |  |  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.     | What is t                         | the hazard?   |  |  |  |  |
|     | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |            |                                   | liate attention is<br>why is it needed?   |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |            | Where is                          | S the property?  Number, Street, City, State & Zip Code   |  |  |  |  |
|     |   |            |                                   |   |  |  |  |  |

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Debtor 1 Sheri Lynn Longstaff

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 91 Case number (if known) Debtor 1 Sheri Lynn Longstaff Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **25,001-50,000** you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion ■ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sheri Lynn Longstaff Signature of Debtor 2 Sheri Lynn Longstaff Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on June 23, 2017

MM / DD / YYYY

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Debtor 1 Sheri Lynn Longstaff

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Beverly     | / McCall               | Date          | June 23, 2017     |  |
|-----------------|------------------------|---------------|-------------------|--|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY    |  |
| D M             | -0-11                  |               |                   |  |
| Beverly Mo      | ccall                  |               |                   |  |
| Printed name    |                        |               |                   |  |
| <b>BEVERLY</b>  | McCALL                 |               |                   |  |
| Firm name       |                        |               |                   |  |
| P.O. BOX        | 666                    |               |                   |  |
| Sea Isle Ci     | ity, NJ 08243          |               |                   |  |
| Number, Street, | City, State & ZIP Code |               |                   |  |
| Contact phone   | 609.263.0089           | Email address | bsmccall@snip.net |  |
|                 |                        |               |                   |  |
| Bar number & St | tate                   |               |                   |  |

|               | Case      | 17-22919-JNP           | Doc 1      | Piled 06/23/17 Document F | Entered 06/23/17 21:0.<br>Page 8 of 91 | 1:59 | Desc Main                          |
|---------------|-----------|------------------------|------------|---------------------------|--|------|------------------------------------|
| Fill in th    | is inform | ation to identify your | case:      |                           |  |      |                                    |
| Debtor 1      |           | Sheri Lynn Longs       | staff      |                           |  |      |                                    |
|               |           | First Name             | Middle Na  | ame La                    | ast Name                               |      |                                    |
| Debtor 2      |           |                        |            |                           |  |      |                                    |
| (Spouse if, f | filing)   | First Name             | Middle Na  | ame La                    | ast Name                               |      |                                    |
| United S      | tates Bar | kruptcy Court for the: | DISTRICT C | OF NEW JERSEY             |  |      |                                    |
| Case nur      | mber      |                        |            |                           |  |      |                                    |
| (if known)    |           |                        |            |                           |  |      | Check if this is an amended filing |
|               |           |                        |            |                           |  |      |                                    |
| Officia       | al For    | m 106Sum               |            |                           |  |      |                                    |
| Summ          | nary o    | f Your Assets a        | and Liabi  | lities and Cert           | ain Statistical Information            | on   | 12/15                              |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| Par | t 1: Summarize Your Assets   |           |                            |
|-----|--|-----------|----------------------------|
|     |  |           | assets<br>of what you own  |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$        | 225,000.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$        | 9,500.00                   |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$        | 234,500.00                 |
| Par | t 2: Summarize Your Liabilities  |           |                            |
|     |  |           | liabilities<br>int you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$        | 1,981,300.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$        | 0.0                        |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$        | 252,940.0                  |
|     | Your total liabilities   | \$        | 2,234,240.00               |
| Par | t 3: Summarize Your Income and Expenses  |           |                            |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$        | 4,736.00                   |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$        | 4,650.00                   |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |           |                            |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other s | chedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |           |                            |
| 7.  | <del>-</del> ····  | persona   | al, family, c              |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Sheri Lynn Longstaff

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,924.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | nim  |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following:   |           |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

|             | Case  | 17-22919-JN   | P DOC 1                               |                        | ed 06/23<br>cument             | Page 10  | erea 06/23<br>Inf 91                  | 717 21:0.                   | 1.59 1                                   | Jesc Main   |
|-------------|---|---|---------------------------------------|------------------------|--------------------------------|--|---------------------------------------|-----------------------------|--|---|
| illi        | n this inform   | nation to identify yo   | ur case and th                        |                        |                                |  |                                       |                             |  |   |
| Deb         | tor 1   | Sheri Lynn Lor  | ngstaff                               |                        |                                |  |                                       |                             |  |   |
|             | 0   | First Name  | Middle                                | Name                   |                                | Last Name  |                                       |                             |  |   |
|             | tor 2<br>se, if filing)                               | First Name  | Middle                                | Name                   |                                | Last Name  |                                       |                             |  |   |
| Jnit        | ed States Ban   | nkruptcy Court for the  | : DISTRICT                            | OF NE\                 | N JERSEY                       |  |                                       |                             |  |   |
| <b>`</b> 26 | e number  |   |                                       |                        |                                |  |                                       |                             |  | ☐ Check if this i   |
| Jas         |   |   |                                       |                        |                                |  |                                       |                             |  | Check if this i<br>amended filin  |
| 3C          | hedule  | rm 106A/B<br>e A/B: Pro   | <u> </u>                              |                        |                                |  |                                       |                             |  | 12 <i>l</i> ′   |
| ink<br>forr | it fits best. Be<br>nation. If more<br>er every quest | eparately list and desce<br>as complete and acc<br>space is needed, atta<br>ion.<br>Each Residence, Build | urate as possible<br>ch a separate sh | e. If two<br>neet to t | married peo<br>his form. On    | ple are filing tog<br>the top of any a             | ether, both are e<br>dditional pages, | equally respon              | sible for su                             | pplying correct   |
|             | Yes. Where is   | the property?   |                                       |                        |                                |  |                                       |                             |  |   |
| .1          | 411 8th Str   | reet Unit D   |                                       | What                   |                                | rty? Check all that                                | apply                                 |                             |  |   |
|             |   | f available, or other descript  | ion                                   |                        | •                              | y nome<br>nulti-unit building<br>ım or cooperative |                                       | the amount of               | any secure                               | ims or exemptions. Po<br>d claims on <i>Schedule</i><br>ns <i>Secured by Propen</i> |
|             | Ocean City  | / NJ 0  | 8226-0000<br>ZIP Code                 |                        |                                | ed or mobile hom                                   | e                                     | Current value entire proper |  | Current value of th portion you own?  |
|             | o.,   | Cunc  | 0000                                  | Who                    | Timeshare Other has an interes | est in the proper                                  | ty? Check one                         | Describe the                | nature of y<br>simple, tens<br>if known. | our ownership intere<br>ancy by the entireties                                      |
|             | Cape May  |   |                                       | _                      | Debtor 1 on<br>Debtor 2 on     | -  |                                       | T LL OIMI                   | <b></b>                                  |   |
|             | County  |   |                                       |                        | Debtor 1 an                    | d Debtor 2 only of the debtors ar                  | nd another                            | □ Check if (see instru      |  | munity property   |
|             |   |   |                                       |                        |                                | you wish to add                                    | d about this item                     | , such as loca              | ı  |   |
|             |   | ar value of the porti   |                                       |                        |                                | - form Boot 4                                      |                                       |                             |  |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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|  | s, trucks, tractors, sport utility v  | ehicles, motorcycles   |                                   |  |
|--|---|--|-----------------------------------|--|
| □ No   |   |  |                                   |  |
| Yes  |   |  |                                   |  |
|  | 2006<br>ximate mileage: 225,000   | Who has an interest in the property? Check one  ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only  | the amount of any secure          | laims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property.<br>Current value of the<br>portion you own? |
| Other in   | nformation:   | At least one of the debtors and another  |                                   |  |
|  |   | ☐ Check if this is community property (see instructions)   | \$3,000.00                        | \$3,000.00   |
|  | chevy tahoe 2003 timate mileage: 237,000 nformation:  | Who has an interest in the property? Check one  ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another                                 | the amount of any secure          | laims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property.<br>Current value of the<br>portion you own? |
|  |   | ☐ Check if this is community property (see instructions)   | \$1,500.00                        | \$1,500.00   |
| ■ No<br>□ Yes  | boats, trailors, motors, personal w   | atercraft, fishing vessels, snowmobiles, motorcycle a  | accessories                       |  |
| ☐ Yes  | dollar value of the portion you o   | wn for all of your entries from Part 2, including are that number here   | ny entries for                    | \$4,500.00   |
| Add the d  | dollar value of the portion you o<br>u have attached for Part 2. Write  | wn for all of your entries from Part 2, including are that number here   | ny entries for                    | \$4,500.00   |
| Add the double spages you  | dollar value of the portion you o<br>u have attached for Part 2. Write<br>ribe Your Personal and Household  | wn for all of your entries from Part 2, including are that number here   | ny entries for<br>=>              | Current value of the portion you own? Do not deduct secured  |
| Add the depages you art 3: Describe you own  | dollar value of the portion you o<br>u have attached for Part 2. Write<br>ribe Your Personal and Household  | wn for all of your entries from Part 2, including are that number heretems nterest in any of the following items?  | ny entries for<br>=>              | Current value of the portion you own?  |
| Add the depages you art 3: Describe you own  | dollar value of the portion you on the have attached for Part 2. Write ribe Your Personal and Household or have any legal or equitable in the discription of goods and furnishings of the major appliances, furniture, linear describe  | wn for all of your entries from Part 2, including are that number heretems nterest in any of the following items?  | ny entries for                    | Current value of the portion you own? Do not deduct secured claims or exemptions.  |
| Add the depages you art 3: Describe you own  Household Examples No Yes. D  Electronic Examples | dollar value of the portion you of u have attached for Part 2. Write ribe Your Personal and Household or have any legal or equitable in d goods and furnishings: Major appliances, furniture, linent describe   | wn for all of your entries from Part 2, including are that number here  tems  nterest in any of the following items?  s, china, kitchenware  West Avenue P.O. Box 753, Ocean City NJ 0 | ny entries for                    | Current value of the portion you own? Do not deduct secured claims or exemptions.  |
| Add the depages you art 3: Describe you own  Household Examples No Yes. D  Electronic Examples | dollar value of the portion you or u have attached for Part 2. Write ribe Your Personal and Household or have any legal or equitable in d goods and furnishings: Major appliances, furniture, linent describe  Location: 450 to see the control of the control o | wn for all of your entries from Part 2, including are that number here  tems  nterest in any of the following items?  s, china, kitchenware  West Avenue P.O. Box 753, Ocean City NJ 0 | 8226 rs, scanners; music collecti | Current value of the portion you own? Do not deduct secured claims or exemptions.  |

Schedule A/B: Property

Official Form 106A/B

page 2

| De  | ebtor 1                             | Sheri Lynn Longstaf   | Document   | Page 12 of 91 Case number                                       | er (if known)     |  |
|-----|-------------------------------------|---|--|---|-------------------|--|
| 8.  |                                     | les of value  | paintings, prints, or other artwork;                                       | books, pictures, or other art objects; s                        | stamp, coin, or b | aseball card collections;  |
|     | ■ No<br>□ Yes. I                    | Describe  |  |   |                   |  |
|     | Example  □ No                       | nt for sports and hobbie<br>s: Sports, photographic, e<br>musical instruments<br>Describe     |  | nt; bicycles, pool tables, golf clubs, sk                       | is; canoes and k  | cayaks; carpentry tools;   |
|     |                                     | Location  | n: 450 West Avenue P.O. Bo   | ox 753, Ocean City NJ 08226                                     |                   | \$300.00   |
| 11. | ■ No □ Yes. I Clothes Exampl        | es: Pistols, rifles, shotgun  Describe  es: Everyday clothes, furs                            | s, ammunition, and related equipm  |   |                   |  |
|     | ■ Yes. I                            | Describe  | n: 450 West Avenue P.O. Bo   | ox 753, Ocean City NJ 08226                                     |                   | \$400.00   |
| 13. | ■ No □ Yes. I  Non-fari Exampl □ No | es: Everyday jewelry, cos<br>Describe<br>m animals<br>es: Dogs, cats, birds, hors<br>Describe |  | edding rings, heirloom jewelry, watch                           | es, gems, gold,   | silver   |
|     |                                     | Location  | n: 450 West Avenue P.O. Bo   | ox 753, Ocean City NJ 08226                                     |                   | \$50.00  |
|     | ■ No                                | er personal and househ  |  | t, including any health aids you did                            | I not list        |  |
| 15  |                                     |   | our entries from Part 3, including   | g any entries for pages you have at                             | tached            | \$1,600.00   |
| Pa  | rt 4: Des                           | cribe Your Financial Assets   |  |   |                   |  |
| Do  | you owi                             | n or have any legal or eq   | uitable interest in any of the foll  | owing?  |                   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     | ■ No                                |   | ur wallet, in your home, in a safe d                                       | eposit box, and on hand when you file                           | e your petition   |  |
|     |                                     |   | other financial accounts; certificate<br>e multiple accounts with the same | es of deposit; shares in credit unions, institution, list each. | brokerage house   | es, and other similar  |

Case 17-22919-JNP Doc 1 Filed 06/23/17 Entered 06/23/17 21:01:59 Document Page 13 of 91 Case number (if known) Debtor 1 Sheri Lynn Longstaff Institution name: Yes..... 1st bank of sea isle city \$2,000.00 17.1. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: ■ Yes. .... Rental deposit **Tim Bailey** \$1,400,00 208 Windridge Lane Downingtown, PA 19335 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Document Page 14 of 91 Case number (if known) Debtor 1 Sheri Lynn Longstaff portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,400.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

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Case number (if known) Document

Debtor 1 Sheri Lynn Longstaff

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$225,000.00 Part 2: Total vehicles, line 5 \$4.500.00 57. Part 3: Total personal and household items, line 15 \$1,600.00 Part 4: Total financial assets, line 36 58. \$3,400.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$9,500.00 Copy personal property total \$9,500.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$234,500.00

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          | 17(7(4))11(4)11        | 1 11111. 111111111111 |                                    |
|---------------------|--------------------------|------------------------|-----------------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:                  |                       |                                    |
| Debtor 1            | Sheri Lynn Longs         | staff                  |                       |                                    |
|                     | First Name               | Middle Name            | Last Name             |                                    |
| Debtor 2            |                          |                        |                       |                                    |
| (Spouse if, filing) | First Name               | Middle Name            | Last Name             |                                    |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |                       |                                    |
| Case number         |                          |                        |                       |                                    |
| (if known)          |                          |                        |                       | Check if this is an amended filing |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Property | You Claim as Exempt |
|---------|----------|--------------|---------------------|
|         |          |              |                     |

| 1.   | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  |  |     |   |                       |  |  |  |  |
|--|---|--|-----|---|-----------------------|--|--|--|--|
| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |   |  |     |   |                       |  |  |  |  |
|  | ■ You are claiming federal exemptions. 11 l   | U.S.C. § 522(b)(2)   |     |   |                       |  |  |  |  |
| 2.   | 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |  |     |   |                       |  |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property                | Current value of the Amount of the exemption you claim portion you own |     | Specific laws that allow exemption                              |                       |  |  |  |  |
|  |   | Copy the value from<br>Schedule A/B                                    | Che | eck only one box for each exemption.                            |                       |  |  |  |  |
|  | 2006 VW Jetta 225,000 miles   | \$3,000.00   |     |   | 11 U.S.C. § 522(d)(2) |  |  |  |  |
|  | Line from Schedule A/B: 3.1   |  | •   | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |  |
|  | 2003 chevy tahoe 237,000 miles Line from Schedule A/B: 3.2  | \$1,500.00   |     | \$4,000.00  | 11 U.S.C. § 522(d)(5) |  |  |  |  |
|  | Ellie Holli Goricadie 74 B. 3.2   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |  |
|  | Location: 450 West Avenue P.O. Box 753, Ocean City NJ 08226   | \$500.00   |     | \$500.00  | 11 U.S.C. § 522(d)(5) |  |  |  |  |
|  | debtor's furnishings Line from Schedule A/B: 6.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |  |
|  | Location: 450 West Avenue P.O. Box 753, Ocean City NJ 08226   | \$300.00   |     | \$300.00  | 11 U.S.C. § 522(d)(5) |  |  |  |  |
|  | 3 cell phones Line from Schedule A/B: 7.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |  |
|  | Location: 450 West Avenue P.O. Box 750, Ocean City, NJ 08226  | \$50.00  |     | \$50.00   | 11 U.S.C. § 522(d)(3) |  |  |  |  |
|  | hp printer Line from Schedule A/B: 7.2  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |  |  |  |  |

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| De | Sheri Lynn Longstaff  |  |   | Case number (if known)  |                           |
|----|---|--|---|---|---------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the Amount of the exemption you claim portion you own |   | Specific laws that allow exemption                              |                           |
|    |   | Copy the value from<br>Schedule A/B                                    | Che   | eck only one box for each exemption.                            |                           |
|    | Location: 450 West Avenue P.O. Box 750, Ocean City, NJ 08226                            | \$50.00  |   | \$50.00   | 11 U.S.C. § 522(d)(3)     |
|    | hp printer Line from Schedule A/B: 7.2  |  |   | 100% of fair market value, up to any applicable statutory limit |                           |
|    | Location: 450 West Avenue P.O. Box 753, Ocean City NJ 08226                             | \$300.00   |   | \$300.00  | 11 U.S.C. § 522(d)(3)     |
|    | guitar Line from Schedule A/B: 9.1  |  |   | 100% of fair market value, up to any applicable statutory limit |                           |
|    | Location: 450 West Avenue P.O. Box 753, Ocean City NJ 08226                             | \$400.00   |   | \$400.00  | 11 U.S.C. § 522(d)(3)     |
|    | debtor's clothing; children's clothing<br>Line from Schedule A/B: 11.1                  |  | ☐ 100% of fair market value, up to any applicable statutory limit |   |                           |
|    | Location: 450 West Avenue P.O. Box 753, Ocean City NJ 08226                             | \$50.00  |   | \$50.00   | 11 U.S.C. § 522(d)(5)     |
|    | 2 cats Line from Schedule A/B: 13.1   |  |   | 100% of fair market value, up to any applicable statutory limit |                           |
|    | checking: 1st bank of sea isle city child support of \$809/week                         | \$2,000.00   |   | \$2,000.00  | 11 U.S.C. § 522(d)(10)(D) |
|    | Line from Schedule A/B: 17.1  |  |   | 100% of fair market value, up to any applicable statutory limit |                           |
|    | Rental deposit: Tim Bailey<br>208 Windridge Lane  | \$1,400.00   |   | \$1,400.00  | 11 U.S.C. § 522(d)(5)     |
|    | Downingtown, PA 19335<br>Line from Schedule A/B: 22.1                                   |  |   | 100% of fair market value, up to any applicable statutory limit |                           |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 |  |   | led on or after the date of adjustmen                           | t )                       |
|    | No  | , , care and mand to   | 11  | iod on or anor the date of adjustifier                          | ,                         |
|    | Yes. Did you acquire the property covere  | ed by the exemption wi   | thin 1  | ,215 days before you filed this case?                           | ?                         |
|    | □ No  |  |   | •   |                           |
|    | ☐ Yes   |  |   |   |                           |

|   |               | Document  | Page 1        | <u>8 of 91</u>           |  |                          |
|---|---------------|---|---------------|--------------------------|--|--------------------------|
| Fill in this information to ider  | itify you     | r case:   |               |                          |  |                          |
| Debtor 1 Sheri Lyr  | n I one       | gstaff  |               |                          |  |                          |
| First Name  | Long          | Middle Name   | Last Name     |                          |  |                          |
| Debtor 2  |               |   |               |                          |  |                          |
| (Spouse if, filing) First Name  |               | Middle Name   | Last Name     |                          |  |                          |
| United States Bankruptcy Cour   | t for the:    | DISTRICT OF NEW JERSEY  |               |                          |  |                          |
| . ,   |               |   |               |                          |  |                          |
| Case number   |               |   |               |                          |  |                          |
| (if known)  |               |   |               |                          | _  | if this is an            |
|   |               |   |               |                          | amend  | ed filing                |
| Official Form 106D  |               |   |               |                          |  |                          |
|   |               | M/la a l l avea Oladona C   |               | al lass Daras ands       | _  |                          |
| Schedule D: Cred  | itors         | Who Have Claims S   | ecure.        | e by Property            | <u>/</u>                                     | 12/15                    |
| is needed, copy the Additional Par<br>number (if known).                | ge, fill it o | f two married people are filing togethe<br>out, number the entries, and attach it to  |               |                          |  |                          |
| 1. Do any creditors have claims se                                      |               |   |               |                          |  |                          |
| ☐ No. Check this box and  | submit th     | nis form to the court with your other s   | schedules.    | You have nothing else to | report on this form.                         |                          |
| Yes. Fill in all of the info  | rmation b     | pelow.  |               |                          |  |                          |
| Part 1: List All Secured Cla  | aims          |   |               |                          |  |                          |
| <u> </u>  | ditor has n   | nore than one secured claim, list the cred  | itor senarate | Column A                 | Column B                                     | Column C                 |
| for each claim. If more than one cre                                    | editor has    | a particular claim, list the other creditors<br>cal order according to the creditor's name  | in Part 2. As |                          | Value of collateral that supports this claim | Unsecured portion If any |
| Bank of Gloucester  |               |   |               | <b>¢0.00</b>             | Hadra acces                                  | Undersour                |
| County  |               | Describe the property that secures the  |               | \$0.00                   | Unknown                                      | Unknown                  |
| Creditor's Name   |               | 805 E. 8th Street, Unit 404, O<br>City NJ 08226   | cean          |                          |  |                          |
| P.O. Box 1024   |               | As of the date you file, the claim is: C  | heck all that |                          |  |                          |
| Bellmawr, NJ 08099  |               | apply.  |               |                          |  |                          |
| Number, Street, City, State & Zip (                                     | Code          | ☐ Contingent☐ Unliquidated  |               |                          |  |                          |
| Number, Street, City, State & Zip C                                     | Joue          | ☐ Disputed  |               |                          |  |                          |
| Who owes the debt? Check one.   |               | Nature of lien. Check all that apply.   |               |                          |  |                          |
| Debtor 1 only   |               | ☐ An agreement you made (such as m  | ortgage or s  | secured                  |  |                          |
| ☐ Debtor 2 only   |               | car loan)   | 3.3.          |                          |  |                          |
| Debtor 1 and Debtor 2 only  |               | ☐ Statutory lien (such as tax lien, mech  | nanic's lien) |                          |  |                          |
| At least one of the debtors and a                                       | another       | ☐ Judgment lien from a lawsuit  | •             |                          |  |                          |
| ☐ Check if this claim relates to a                                      |               | Other (including a right to offset)   | Mortgage      | )                        |  |                          |
| community debt  |               |   |               |                          |  | ·                        |
| Date debt was incurred  |               | Last 4 digits of account numb   | er            |                          |  |                          |
| 2.2 DiTech  |               | Describe the property that secures the  | ne claim:     | \$157,000.00             | \$0.00                                       | \$157,000.00             |
| Creditor's Name   |               | positive the property that secures to   |               | Ψ101,000.00              | Ψ0.00  | Ψ101,000.00              |
|   |               |   |               |                          |  |                          |
|   |               | A COLUMN |               |                          |  |                          |
| P.O. Box 6172   |               | As of the date you file, the claim is: C apply.   | heck all that |                          |  |                          |
| Rapid City, SD 57709  |               | ☐ Contingent  |               |                          |  |                          |
| Number, Street, City, State & Zip 0                                     | Code          | ☐ Unliquidated  |               |                          |  |                          |
|   |               | ☐ Disputed  |               |                          |  |                          |
| Who owes the debt? Check one.   |               | Nature of lien. Check all that apply.   |               |                          |  |                          |
| Debtor 1 only   |               | An agreement you made (such as m  | ortgage or s  | ecured                   |  |                          |
| Debtor 2 only   |               | car loan)   |               |                          |  |                          |
| Debtor 1 and Debtor 2 only  |               | Statutory lien (such as tax lien, mecl  | nanic's lien) |                          |  |                          |
| At least one of the debtors and another    Judgment lien from a lawsuit |               |   |               |                          |  |                          |
| Check if this claim relates to a community debt                         | 1             | Other (including a right to offset)   | Mortgage      | <u>;</u>                 |  |                          |
| Date debt was incurred  |               | Last 4 digits of account numb   | er 1212       | <u>?</u>                 |  |                          |

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| Debtor 1 Sheri Lynn Longstaff                     |  | ase number (if know) |         |              |
|---|--|----------------------|---------|--------------|
| First Name Middle N                               | lame Last Name   |                      |         |              |
| 2.3 Donna McCafferty                              | Describe the property that secures the claim:                | \$92,000.00          | \$0.00  | \$92,000.00  |
| Creditor's Name                                   | J-083113-2010  | φ32,000.00           | φυ.υυ   | φ92,000.00   |
| c/o Ford Flower &                                 | 3-063113-2010  |                      |         |              |
| Hasbrook  |  |                      |         |              |
| New Road & Central                                | As of the date you file, the claim is: Check all that apply. |                      |         |              |
| Avenue  | ☐ Contingent   |                      |         |              |
| Linwood, NJ 08221                                 |  |                      |         |              |
| Number, Street, City, State & Zip Code            | Unliquidated   |                      |         |              |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.            |                      |         |              |
| Debtor 1 only                                     | ☐ An agreement you made (such as mortgage or secur           | d                    |         |              |
| Debtor 2 only                                     | car loan)  | reu                  |         |              |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)         |                      |         |              |
| _   | _  |                      |         |              |
| At least one of the debtors and another           | Judgment lien from a lawsuit                                 |                      |         |              |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset)                        |                      |         |              |
| Date debt was incurred                            | Last 4 digits of account number                              |                      |         |              |
| 2.4 Fannie Mae                                    | Describe the property that secures the claim:                | \$0.00               | Unknown | Unknown      |
| Creditor's Name                                   |  |                      |         |              |
|   |  |                      |         |              |
| c/o Clearspring                                   | As of the date you file, the claim is: Check all that        |                      |         |              |
| P.O. Box 52238<br>Idaho Falls, ID 83405           | apply.   |                      |         |              |
|   | ☐ Contingent   |                      |         |              |
| Number, Street, City, State & Zip Code            | Unliquidated   |                      |         |              |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.            |                      |         |              |
| Debtor 1 only                                     | ☐ An agreement you made (such as mortgage or secur           | d                    |         |              |
| Debtor 2 only                                     | car loan)  | rea                  |         |              |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)         |                      |         |              |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit                               |                      |         |              |
| Check if this claim relates to a                  | - Wantara  |                      |         |              |
| community debt                                    | Other (including a right to offset)                          |                      |         |              |
| Date debt was incurred                            | Last 4 digits of account number 9070,53                      | 60                   |         |              |
| 2.5 Federal Home Loan                             |  |                      |         |              |
| wortgage Corp                                     | Describe the property that secures the claim:                | Unknown              | Unknown | Unknown      |
| Creditor's Name                                   |  |                      |         |              |
| 3476 State View                                   |  |                      |         |              |
| Boulevard   | As of the date you file, the claim is: Check all that        |                      |         |              |
| MAC#X7801-013<br>Fort Mill, SC 29715              | apply.   |                      |         |              |
|   | Contingent   |                      |         |              |
| Number, Street, City, State & Zip Code            | Unliquidated   |                      |         |              |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.            |                      |         |              |
| Debtor 1 only                                     | ☐ An agreement you made (such as mortgage or secur           | rod                  |         |              |
| Debtor 2 only                                     | car loan)  | reu                  |         |              |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)         |                      |         |              |
| At least one of the debtors and another           | Judgment lien from a lawsuit                                 |                      |         |              |
| Check if this claim relates to a                  | Other (including a right to offset)  Mortgage                |                      |         |              |
| community debt                                    | , 3 - 3  |                      |         |              |
| Date debt was incurred F-8751-09                  | Last 4 digits of account number                              |                      |         |              |
| 2.6 Franklin Bank                                 | Describe the property that secures the claim:                | \$600,000.00         | \$0.00  | \$600,000.00 |

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Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debtor 1 Sheri Lynn Longstaff                     |  | Case number (if know) |              |          |
|---|--|-----------------------|--------------|----------|
| First Name Middle N                               | lame Last Name   |                       |              |          |
| Creditor's Name                                   | NOTE #0000402<br>NOTE #0000431                                 |                       |              |          |
|   | NOTE #0000403  |                       |              |          |
| P.O. Box 230<br>Woodstown, NJ 08098               | As of the date you file, the claim is: Check all that apply.   | _                     |              |          |
| Number, Street, City, State & Zip Code            | Contingent   |                       |              |          |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated ☐ Disputed                                      |                       |              |          |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.                          |                       |              |          |
| Debtor 1 only                                     | ☐ An agreement you made (such as mortgage or car loan)         | secured               |              |          |
| Debtor 2 only                                     |  |                       |              |          |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechanic's lien)             |                       |              |          |
| At least one of the debtors and another           | Judgment lien from a lawsuit                                   |                       |              |          |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Mortgag                    | e F-12158-10          |              |          |
| Date debt was incurred                            | Last 4 digits of account number 106                            | 0                     |              |          |
| 2.7 Fulton Bonk                                   | Describe the property that accuracy the claim.                 | ¢0.00                 | Unknessen    | Unknauen |
| 2.7 Fulton Bank Creditor's Name                   | Describe the property that secures the claim:                  | <b>\$0.00</b>         | Unknown      | Unknown  |
| Creditor's Name                                   |  |                       |              |          |
| 53 Fellowship Road                                |  |                       |              |          |
| Suite 250   | As of the date you file, the claim is: Check all that          | _                     |              |          |
| Mount Laurel, NJ 08054                            | apply.   |                       |              |          |
|   | Contingent   |                       |              |          |
| Number, Street, City, State & Zip Code            | Unliquidated   |                       |              |          |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.              |                       |              |          |
| ☐ Debtor 1 only                                   | ☐ An agreement you made (such as mortgage or                   | secured               |              |          |
| Debtor 2 only                                     | car loan)  | occurou               |              |          |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)           | 1                     |              |          |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit                                 | •                     |              |          |
| Check if this claim relates to a community debt   | Other (including a right to offset)  Mortgag                   | е                     |              |          |
| community debt                                    |  |                       |              |          |
| Date debt was incurred                            | Last 4 digits of account number                                |                       |              |          |
| 2.8 <b>GMAC</b>                                   | Describe the property that secures the claim:                  | \$290,000.00          | \$225,000.00 | \$0.00   |
| Creditor's Name                                   | 411 8th Street, Unit D Ocean City,<br>NJ 08226 Cape May County |                       |              |          |
| D.O. D. 300                                       | As of the date you file, the claim is: Check all that          |                       |              |          |
| P.O. Box 780                                      | apply.   |                       |              |          |
| Waterloo, IA 50704                                | Contingent   |                       |              |          |
| Number, Street, City, State & Zip Code            | Unliquidated   |                       |              |          |
| Who owes the debt? Check one.                     | Disputed   |                       |              |          |
| _   | Nature of lien. Check all that apply.                          |                       |              |          |
| Debtor 1 only                                     | ☐ An agreement you made (such as mortgage or car loan)         | secured               |              |          |
| Debtor 2 only                                     |  |                       |              |          |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechanic's lien)             |                       |              |          |
| At least one of the debtors and another           | Judgment lien from a lawsuit                                   |                       |              |          |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) mortgag                    | e F-46148-08          |              |          |
| Date debt was incurred                            | Last 4 digits of account number 844                            | 1                     |              |          |
| 2.9 GMAC  | Describe the property that secures the claim:                  | Unknown               | Unknown      | Unknown  |

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| Debtor 1  | Sheri Lynn Lon<br>First Name   | gstaff<br>Middle Na | me Last Name   | _               | Case number (if know) |         |             |
|---|--|---------------------|--|-----------------|-----------------------|---------|-------------|
| C/G Sc 40 St Mo Nuir  Who ow Debto Debto At lea | •  | y 3054 ip Code ne.  | 411 8th Street, Units C & D, City, NJ 08226  As of the date you file, the claim is: apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) | Check all that  | ocured                |         |             |
| Date deb  | ot was incurred  |                     | Last 4 digits of account num   | ber <u>2609</u> |                       |         |             |
|   | arley Davision Cre   | edit                | Describe the property that secures  Motorcycle   | the claim:      | \$8,000.00            | Unknown | Unknown     |
| Nui   | O. Box 21908 arson City, NV 897 mber, Street, City, State & Z          | ip Code             | As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  | Check all that  |                       |         |             |
| ☐ Debto   | •  |                     | ☐ An agreement you made (such as car loan)   | mortgage or se  | ecured                |         |             |
| ☐ Debto   | or 1 and Debtor 2 only<br>ast one of the debtors an                    | d another           | ☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit  | chanic's lien)  |                       |         |             |
|   | k if this claim relates to munity debt                                 | оа                  | Other (including a right to offset)  | Purchase        | Money Security        |         |             |
| Date deb  | ot was incurred  |                     | Last 4 digits of account num   | ber             |                       |         |             |
|   | <b>DVA Bank</b><br>editor's Name                                       |                     | Describe the property that secures 807 E. 8th Street, Unit C-1 & Ocean City NJ 08226   |                 | \$0.00                | Unknown | Unknown     |
| St<br>Be  | 235 Westlakes Dri<br>uite 420<br>erwyn, PA 19312                       |                     | As of the date you file, the claim is: apply.  | Check all that  |                       |         |             |
|   | mber, Street, City, State & Z  ves the debt? Check of                  |                     | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.  |                 |                       |         |             |
| Debto   | *  |                     | ☐ An agreement you made (such as car loan)   | mortgage or se  | ecured                |         |             |
| _   | or 1 and Debtor 2 only   |                     | Statutory lien (such as tax lien, me   | chanic's lien)  |                       |         |             |
| ☐ Chec  | ast one of the debtors an<br>k if this claim relates to<br>munity debt |                     | <ul><li>Judgment lien from a lawsuit</li><li>Other (including a right to offset)</li></ul>   | Mortgage        | from PA Business Bank |         |             |
| Date deb  | ot was incurred F-23   | 3140-09             | Last 4 digits of account num   | ber <u>7624</u> |                       |         |             |
| 2.1<br>2 <b>O</b> I                             | PMC  |                     | Describe the property that secures   | the claim:      | \$17,000.00           | \$0.00  | \$17,000.00 |

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December the property that decards the claim

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Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debtor 1 Sheri Lynn Longstaff  |   |                | Case number (if know) |              |            |  |
|--|---|----------------|-----------------------|--------------|------------|--|
| First Name Middle N  | lame Last Name                                | _              | <del>-</del>          |              |            |  |
|  |   |                |                       |              |            |  |
| Creditor's Name  |   |                |                       |              |            |  |
|  |   |                |                       |              |            |  |
| D.O. Day 4700  | As of the date you file, the claim is:        | Check all that |                       |              |            |  |
| P.O. Box 1709  | apply.  |                |                       |              |            |  |
| Wildwood, NJ 08260   | Contingent                                    |                |                       |              |            |  |
| Number, Street, City, State & Zip Code   | Unliquidated                                  |                |                       |              |            |  |
| <b>11</b>  | Disputed                                      |                |                       |              |            |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.         |                |                       |              |            |  |
| Debtor 1 only  | An agreement you made (such as r              | mortgage or s  | ecured                |              |            |  |
| Debtor 2 only  | car loan)                                     |                |                       |              |            |  |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, med         | chanic's lien) |                       |              |            |  |
| At least one of the debtors and another  | ☐ Judgment lien from a lawsuit                |                |                       |              |            |  |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)           | Condomi        | nium Fees             |              |            |  |
| Date debt was incurred   | Last 4 digits of account numl                 | ber            |                       |              |            |  |
|  |   |                |                       |              |            |  |
| 2.1 Pennsylvania Business  | Book World Co.                                |                | Unknown               | \$0.00       | Unknown    |  |
| 3 Bank Creditor's Name   | Describe the property that secures t          | the claim:     |                       | <b>Ψυ.υυ</b> | Ulikilowii |  |
|  | F-23140-09                                    |                |                       |              |            |  |
| c/o Pluese, Becker &<br>Saltzmzn LLC   |   |                |                       |              |            |  |
| 20000 Horizon Way  | As of the date you file, the claim is:        | Check all that |                       |              |            |  |
| Suite 900  | apply.  |                |                       |              |            |  |
| Mount Laurel, NJ 08054   | ☐ Contingent                                  |                |                       |              |            |  |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated                                |                |                       |              |            |  |
|  | ☐ Disputed                                    |                |                       |              |            |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.         |                |                       |              |            |  |
| Debtor 1 only  | ☐ An agreement you made (such as r            | mortgage or s  | ecured                |              |            |  |
| Debtor 2 only  | car loan)                                     | 0 0            |                       |              |            |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, med       | chanic's lien) |                       |              |            |  |
| At least one of the debtors and another  | Judgment lien from a lawsuit                  | ,              |                       |              |            |  |
| ☐ Check if this claim relates to a   | Other (including a right to offset)           |                |                       |              |            |  |
| community debt   | Cities (including a right to offset)          |                |                       |              |            |  |
| Date debt was incurred   | Last 4 digits of account numl                 | ber            |                       |              |            |  |
| 2.1  |   |                |                       |              |            |  |
| Pro Capital Fund 1 LLC   | Describe the property that secures t          | the claim:     | \$3,300.00            | Unknown      | Unknown    |  |
| Creditor's Name  | David Spillane                                |                |                       |              |            |  |
|  |   |                |                       |              |            |  |
|  | As of the data was file the plains in         |                |                       |              |            |  |
| 1913 Greentree Road  | As of the date you file, the claim is: apply. | Check all that |                       |              |            |  |
| Cherry Hill, NJ 08003  | Contingent                                    |                |                       |              |            |  |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated                                |                |                       |              |            |  |
|  | ☐ Disputed                                    |                |                       |              |            |  |
| Who owes the debt? Check one.  Nature of lien. Check all that apply.   |   |                |                       |              |            |  |
| Debtor 1 only  |   |                |                       |              |            |  |
| Debtor 2 only  | car loan)                                     |                |                       |              |            |  |
| ☐ Debtor 1 and Debtor 2 only   |   |                |                       |              |            |  |
| At least one of the debtors and another  At least one of the debtors and another  Judgment lien from a lawsuit |   |                |                       |              |            |  |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)           | TAX SAL        | E CERTS               |              |            |  |
| Date debt was incurred   | Last 4 digits of account numl                 | ber ot25       | ot24                  |              |            |  |
|  |   |                |                       |              |            |  |
| 2.1 Rushmore Loan  |   |                |                       |              |            |  |
| 5 Management Services  | Describe the property that secures t          | the claim:     | \$370,000.00          | Unknown      | Unknown    |  |

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| Debt | tor 1 Sheri Lynn Longstaff                      |   | ase number (if know) |              |            |
|------|---|---|----------------------|--------------|------------|
|      | First Name Middle N                             | ame Last Name   |                      |              |            |
| •    | Creditor's Name                                 | 411 8th Street, Ocean City, NJ 08226  |                      |              |            |
|      | D. D  | As of the date you file, the claim is: Check all that                             |                      |              |            |
|      | P.O.Box 55004<br>Irvine, CA 92619               | apply.  |                      |              |            |
|      |   | Contingent  |                      |              |            |
|      | Number, Street, City, State & Zip Code          | ☐ Unliquidated ☐ Disputed   |                      |              |            |
| Who  | owes the debt? Check one.                       | Nature of lien. Check all that apply.   |                      |              |            |
| □ D  | ebtor 1 only                                    | ☐ An agreement you made (such as mortgage or secu                                 | red                  |              |            |
|      | ebtor 2 only                                    | car loan)   |                      |              |            |
|      | ebtor 1 and Debtor 2 only                       | Statutory lien (such as tax lien, mechanic's lien)                                |                      |              |            |
| At   | t least one of the debtors and another          | ☐ Judgment lien from a lawsuit  |                      |              |            |
|      | check if this claim relates to a community debt | ■ Other (including a right to offset) Mortgage                                    |                      |              |            |
| Date | debt was incurred                               | Last 4 digits of account number 5470  |                      |              |            |
| 2.1  | Soversian Bank                                  | Describe the manufacture that are made the plains                                 | \$92,000.00          | Unknown      | Unknown    |
| 6    | Sovereign Bank Creditor's Name                  | Describe the property that secures the claim:  805 E. 8th Street, Unit 209, Ocean | Ψ32,000.00           | OTIKITOWIT - | Olikilowii |
|      |   | City, NJ 08226  |                      |              |            |
|      | P.O. Box 12646                                  | As of the date you file, the claim is: Check all that                             |                      |              |            |
|      | Mail Code 10-6438-WO4                           | apply.  |                      |              |            |
|      | Reading, PA 19612                               | Contingent  |                      |              |            |
|      | Number, Street, City, State & Zip Code          | Unliquidated  |                      |              |            |
| Who  | owes the debt? Check one.                       | ☐ Disputed  Nature of lien. Check all that apply.                                 |                      |              |            |
| _    | ebtor 1 only                                    | ☐ An agreement you made (such as mortgage or secu                                 | red                  |              |            |
| _    | ebtor 2 only                                    | car loan)   |                      |              |            |
|      | ebtor 1 and Debtor 2 only                       | ☐ Statutory lien (such as tax lien, mechanic's lien)                              |                      |              |            |
| ■ At | t least one of the debtors and another          | ☐ Judgment lien from a lawsuit  |                      |              |            |
|      | heck if this claim relates to a community debt  | Other (including a right to offset)  Mortgage                                     |                      |              |            |
| Date | debt was incurred                               | Last 4 digits of account number 6594  |                      |              |            |
| 2.1  | Taht Stanton &                                  |   |                      |              | •          |
| 7    | McCrosson                                       | Describe the property that secures the claim:                                     | \$6,000.00           | \$0.00       | \$6,000.00 |
|      | Creditor's Name                                 | DJ-161816-2010  |                      |              |            |
|      | 200 Asbury Avenue                               | As of the date you file, the claim is: Check all that apply.                      |                      |              |            |
|      | Ocean City, NJ 08226                            | Contingent  |                      |              |            |
|      | Number, Street, City, State & Zip Code          | Unliquidated  |                      |              |            |
| Who  | owes the debt? Check one.                       | ☐ Disputed  Nature of lien. Check all that apply.                                 |                      |              |            |
| □ De | ebtor 1 only                                    | ☐ An agreement you made (such as mortgage or secu                                 | red                  |              |            |
| _    | ebtor 2 only                                    | car loan)   |                      |              |            |
|      | ebtor 1 and Debtor 2 only                       | ☐ Statutory lien (such as tax lien, mechanic's lien)                              |                      |              |            |
| At   | t least one of the debtors and another          | Judgment lien from a lawsuit  |                      |              |            |
|      | heck if this claim relates to a community debt  | Other (including a right to offset)   |                      |              |            |
| Date | debt was incurred                               | Last 4 digits of account number   |                      |              |            |
| 2.1  | 1   |   |                      |              |            |
| 8    | The Bank  | Describe the property that secures the claim:                                     | \$80,000.00          | Unknown      | Unknown    |

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Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debtor 1 Sheri Lynn Longstaff   |  | Ca                  | ase number (if know) |              |            |
|---|--|---------------------|----------------------|--------------|------------|
| First Name Middle N   | lame Last Name   | _                   |                      |              |            |
| Creditor's Name   |  |                     |                      |              |            |
|   |  |                     |                      |              |            |
|   | As of the date you file, the claim is:                                 | Check all that      |                      |              |            |
| 610 Mill Road<br>Absecon, NJ 08201                                      | apply.   | onoon all that      |                      |              |            |
| ·   | ☐ Contingent   |                     |                      |              |            |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated☐ Disputed   |                     |                      |              |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.                                  |                     |                      |              |            |
| ☐ Debtor 1 only   | ☐ An agreement you made (such as r                                     | mortgage or secure  | ed                   |              |            |
| Debtor 2 only   | car loan)  |                     |                      |              |            |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, med                                  | chanic's lien)      |                      |              |            |
| At least one of the debtors and another                                 | Judgment lien from a lawsuit   |                     |                      |              |            |
| ☐ Check if this claim relates to a community debt                       | Other (including a right to offset)                                    | Mortgage            |                      |              |            |
| Date debt was incurred  | Last 4 digits of account numb  | per <u>3809</u>     |                      |              |            |
| 2.1<br>9 Volkswagon Credit  | Describe the property that secures t                                   | he claim:           | \$0.00               | Unknown      | Unknown    |
| Creditor's Name   | Describe the property that secures t                                   | THE CIAITI.         |                      |              |            |
|   |  |                     |                      |              |            |
|   | As of the date you file, the claim is:                                 | Check all that      |                      |              |            |
| P.O. Box 3<br>Hillsboro, OR 97123                                       | apply.   |                     |                      |              |            |
| Number, Street, City, State & Zip Code                                  | ☐ Contingent☐ Unliquidated   |                     |                      |              |            |
| . values, exect, exy, exact a Exp eeca                                  | ☐ Disputed   |                     |                      |              |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.                                  |                     |                      |              |            |
| Debtor 1 only   | ☐ An agreement you made (such as r                                     | nortgage or secure  | ed                   |              |            |
| Debtor 2 only   | car loan)  |                     |                      |              |            |
| ☐ Debtor 1 and Debtor 2 only  ■ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit | chanic's lien)      |                      |              |            |
| Check if this claim relates to a  | _  | Purchase Mo         | oney Security        |              |            |
| community debt  | Other (including a right to offset)                                    |                     | moy coounty          |              |            |
| Date debt was incurred  | Last 4 digits of account numb  | per                 |                      |              |            |
| 2.2 Welle Ferre Bonk  |  |                     | \$266,000.00         | Unknown      | Unknown    |
| O Wells Fargo Bank Creditor's Name                                      | Describe the property that secures t                                   | he claim:           | Ψ200,000.00          | Olikilowii – | Olikilowii |
| Siddle, e Halle   | F-8751-09  |                     |                      |              |            |
|   | As of the date you file, the claim is:                                 | Charle all that     |                      |              |            |
| P.O. Box 10335  | apply.   | Check all that      |                      |              |            |
| Des Moines, IA 50306  | Contingent   |                     |                      |              |            |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated☐ Disputed   |                     |                      |              |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.                                  |                     |                      |              |            |
| ☐ Debtor 1 only   | ☐ An agreement you made (such as r                                     | mortgage or secure  | ed                   |              |            |
| Debtor 2 only   | car loan)  |                     |                      |              |            |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, med                                | chanic's lien)      |                      |              |            |
| At least one of the debtors and another                                 | ☐ Judgment lien from a lawsuit   |                     |                      |              |            |
| ☐ Check if this claim relates to a community debt                       | Other (including a right to offset)                                    | mortgage, ed        | quity line           |              |            |
| Date debt was incurred  | Last 4 digits of account numb  | per <u>8171,000</u> | 01                   |              |            |
|   |  |                     |                      |              |            |
| Add the dollar value of your entries in C                               | Column A on this page. Write that numl                                 | ber here:           | \$1,981,300.00       |              |            |
| If this is the last page of your form, add                              |  |                     | \$4.504.500.50       |              |            |

\$1,981,300.00 Write that number here:

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property Official Form 106D

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| Debtor 1 | 1 Sheri Lynn Longstaff |             |           | Case number (if know) |  |
|----------|------------------------|-------------|-----------|-----------------------|--|
|          | First Name             | Middle Name | Last Name |                       |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

|   |   |   |   | Document   | Page 26 of 9  | 91   |  |                                       |  |                          |
|---|---|---|---|--|---|--|--|---------------------------------------|--|--------------------------|
| Fill  | in this inforr  | nation to identify your   | case:   |  |   |  |  |                                       |  |                          |
| Deb   | otor 1  | Sheri Lynn Longs  | staff   |  |   |  |  |                                       |  |                          |
|   |   | First Name  | Middle  | Name   | Last Name   |  |  |                                       |  |                          |
|   | otor 2  | Circl Nome  | Middle  | Nama   | Loot Name   |  |  |                                       |  |                          |
| (Spo  | use if, filing)   | First Name  | Middle  | Name   | Last Name   |  |  |                                       |  |                          |
| Unit  | ted States Ba   | nkruptcy Court for the:   | DISTRICT  | OF NEW JERSEY  |   |  |  |                                       |  |                          |
| Cas   | e number  |   |   |  |   |  |  |                                       |  |                          |
| (if kn  | _   |   |   |  |   |  |  | Check                                 | if this is a                           | n                        |
|   |   |   |   |  |   |  |  | amend                                 | ed filing                              |                          |
| <b>~</b> 't                                   | :.: <b>-</b>  | - 400E/E  |   |  |   |  |  |                                       |  |                          |
|   |   | <u>n 106E/F</u>   | // l.l  |  | Ola:  |  |  |                                       | 40/4                                   | _                        |
|   |   | /F: Creditors W   |   |  |   |  |  |                                       | 12/1                                   |                          |
| ny e<br>Sche<br>Sche<br>eft. <i>I</i><br>name | executory cont<br>dule G: Execu<br>dule D: Credit<br>Attach the Con<br>e and case nur | d accurate as possible. Us racts or unexpired leases tory Contracts and Unexpors Who Have Claims Secutinuation Page to this pagnber (if known). | that could re<br>pired Leases (<br>cured by Prop<br>ge. If you have | esult in a claim. Also li<br>Official Form 106G). D<br>erty. If more space is r<br>e no information to rep               | st executory contract<br>o not include any cre<br>needed, copy the Part | ts on Schedule A/B: F<br>ditors with partially s<br>you need, fill it out, i | roperty (Off<br>ecured clair<br>number the | icial Fori<br>ns that a<br>entries ir | n 106A/B)<br>re listed in<br>the boxe: | and on<br>on<br>s on the |
|   |   | II of Your PRIORITY Un  |   |  |   |  |  |                                       |  |                          |
|   | _ '   | ors have priority unsecure  | a ciaims aga  | inst you?  |   |  |  |                                       |  |                          |
|   | □ No. Go to P   | 'aπ 2.  |   |  |   |  |  |                                       |  |                          |
|   | Yes.  |   | 16 17:  |  |   |  |  |                                       |  |                          |
|   | identify what ty<br>possible, list the  | r priority unsecured claims<br>pe of claim it is. If a claim ha<br>e claims in alphabetical orde<br>than one creditor holds a pa                | as both priority<br>er according to                                 | and nonpriority amount<br>the creditor's name. If  | s, list that claim here a<br>you have more than tw                      | nd show both priority a  | nd nonpriorit                              | y amount                              | s. As much                             | as                       |
|   | (For an explanation of each type of claim, see the insti                              |   |   | tions for this form in the   | instruction booklet.)   |  |  |                                       |  |                          |
|   |   |   |   |  |   | Total claim  | Priority amount                            |                                       | Nonprior amount                        | ity                      |
| 2.1   | City of   | Ocean City  |   | Last 4 digits of accour  | nt number   | Unknown  |  | \$0.00                                |  | \$0.00                   |
|   | •   | editor's Name   |   | \ <b>\</b> \\\\  |   |  |  |                                       |  |                          |
|   |   | sbury Avenue  |   | When was the debt inc  | curred?   |  |  |                                       |  |                          |
|   | Ocean City, NJ  Number Street City State Zlp Code                                     |   |   | As of the date you file  | , the claim is: Check a   | all that apply   |  |                                       |  |                          |
|   | Who incurred the debt? Check one.   |   |   | ☐ Contingent   |   |  |  |                                       |  |                          |
|   | Debtor 1 o  | only  |   | ☐ Unliquidated   |   |  |  |                                       |  |                          |
|   | Debtor 2 o  | only  |   | ☐ Disputed   |   |  |  |                                       |  |                          |
|   | Debtor 1 a  | and Debtor 2 only   |   | Type of PRIORITY uns   | ecured claim:   |  |  |                                       |  |                          |
|   | Δt least or   | ne of the debtors and anothe  | or.   | ☐ Domestic support ob  | oligations  |  |  |                                       |  |                          |
|   | At least one of the debtors and another   |   |   | _  |   | acus ramont  |  |                                       |  |                          |
|   |   | ☐ Check if this claim is for a community debt  Is the claim subject to offset?  |   | ■ Taxes and certain other debts you owe the government  ☐ Claims for death or personal injury while you were intoxicated |   |  |  |                                       |  |                          |
|   | No  | subject to onset?   |   | Other. Specify   | Dersonal injury write yo  | d were intoxicated   |  |                                       |  |                          |
|   | ☐ Yes   |   |   |  | operty taxes  |  |  |                                       |  |                          |
|   | -   |   |   |  | - 1 - 7   |  |  |                                       |  |                          |
| 2.2   |   | Revenue Serice  |   | Last 4 digits of accour  | nt number   | \$0.00   |  | \$0.00                                |  | \$0.00                   |
|   | ,   | editor's Name   |   | When was the debt inc  | currod?   |  |  |                                       |  |                          |
|   |   | Iphia, PA 19114   |   | Wilen was the debt in  |   |  |  |                                       |  |                          |
|   |   | treet City State Zlp Code   |   | As of the date you file  | , the claim is: Check a   | all that apply   |  |                                       |  |                          |
|   | Who incurred  | d the debt? Check one.  |   | ☐ Contingent   |   |  |  |                                       |  |                          |
|   | Debtor 1 c  | only  |   | ☐ Unliquidated   |   |  |  |                                       |  |                          |
|   | Debtor 2 o  | only  |   | ☐ Disputed   |   |  |  |                                       |  |                          |
|   | _   | and Debtor 2 only   |   | Type of PRIORITY uns   | ecured claim:   |  |  |                                       |  |                          |
|   |   | ne of the debtors and anothe  | er  | ☐ Domestic support ob  | oligations  |  |  |                                       |  |                          |
|   | _   | his claim is for a commur   | O1  | ■ Taxes and certain of   | ·   | government   |  |                                       |  |                          |
|   |   | nis claim is for a commur<br>subject to offset?   | -   | ☐ Claims for death or p  |   | =  |  |                                       |  |                          |
|   | No  | Jasjoot to Oliset!  |   | Other. Specify   |   |  |  |                                       |  |                          |
|   | - 110   |   |   | → Other, Specify   |   |  |  |                                       |  |                          |

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| Debtor 1 Sheri Lynn Longstaff                            | Case number (if know)  |                           |  |  |  |  |  |
|--|--|---------------------------|--|--|--|--|--|
| 2.3 State of New Jersey                                  | Last 4 digits of account number \$0.00 \$  | 50.00 \$0.00              |  |  |  |  |  |
| Priority Creditor's Name P.O. Box 245 Trenton, NJ 08695  | When was the debt incurred?  |                           |  |  |  |  |  |
| Number Street City State Zlp Code                        | As of the date you file, the claim is: Check all that apply  |                           |  |  |  |  |  |
| Who incurred the debt? Check one.                        | ☐ Contingent   |                           |  |  |  |  |  |
| Debtor 1 only  | ☐ Unliquidated   |                           |  |  |  |  |  |
| Debtor 2 only  | ☐ Disputed   |                           |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                               | Type of PRIORITY unsecured claim:  ☐ Domestic support obligations  ☐ Taxes and certain other debts you owe the government  |                           |  |  |  |  |  |
| ☐ At least one of the debtors and another                |  |                           |  |  |  |  |  |
| ☐ Check if this claim is for a community debt            |  |                           |  |  |  |  |  |
| Is the claim subject to offset?                          | $\square$ Claims for death or personal injury while you were intoxicated   |                           |  |  |  |  |  |
| ■ No   | ☐ Other. Specify   |                           |  |  |  |  |  |
| Yes  |  |                           |  |  |  |  |  |
| Part 2: List All of Your NONPRIORITY Unsecu              | ured Claims  |                           |  |  |  |  |  |
| Do any creditors have nonpriority unsecured clain        | ns against you?  |                           |  |  |  |  |  |
| ☐ No. You have nothing to report in this part. Submit    | this form to the court with your other schedules   |                           |  |  |  |  |  |
| Yes.   |  |                           |  |  |  |  |  |
| unsecured claim, list the creditor separately for each c | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already income reditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |  |  |  |  |  |
|  |  | Total claim               |  |  |  |  |  |
| 4.1 American Express                                     | Last 4 digits of account number 2002   | Unknown                   |  |  |  |  |  |
| Nonpriority Creditor's Name P.O. Box 981535              | When was the debt incurred?  | -                         |  |  |  |  |  |
| EI Paso, TX  Number Street City State Zlp Code           | As of the date you file, the claim is: Check all that apply  |                           |  |  |  |  |  |
| Who incurred the debt? Check one.                        | no of the date you me, the stanting. Onest an that apply   |                           |  |  |  |  |  |
| ☐ Debtor 1 only  | ☐ Contingent   |                           |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |                           |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only                             | □ Disputed   |                           |  |  |  |  |  |
| At least one of the debtors and another                  | Type of NONPRIORITY unsecured claim:   |                           |  |  |  |  |  |
| ☐ Check if this claim is for a community                 | ☐ Student loans  |                           |  |  |  |  |  |
| debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not  |                           |  |  |  |  |  |
| Is the claim subject to offset?                          | report as priority claims  |                           |  |  |  |  |  |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                           |  |  |  |  |  |
| ☐ Yes  | ■ Other. Specify Credit card purchases   |                           |  |  |  |  |  |

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Debtor 1 Sheri Lynn Longstaff Case number (if know) 4.2 \$1,200.00 American Express Last 4 digits of account number 3210 Nonpriority Creditor's Name P.O. Box 7863 When was the debt incurred? Fort Lauderdale, FL 33329 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.3 **Apex Asset Management** Last 4 digits of account number 2015 \$80.00 Nonpriority Creditor's Name 2501 Oregon Pike When was the debt incurred? Suite 102 Lancaster, PA 17601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes **Associated Credit Services** 4.4 Last 4 digits of account number Unknown Nonpriority Creditor's Name P.O. Box 7863 When was the debt incurred? Hopkinton, MA 01748 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

| Debt | or 1 Sheri Lynn Longstaff  | Document Page 29 of 91  Case number (if know)   |             |  |  |  |
|------|--|---|-------------|--|--|--|
| 4.5  | Atlantic Electric  | Last 4 digits of account number 0701  | \$2,200.00  |  |  |  |
|      | Nonpriority Creditor's Name c/o Warsaw Law Firm 266 King George Road Suite C-2         | When was the debt incurred?   |             |  |  |  |
|      | Warren, NJ 07059  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|      | Debtor 1 only  | ☐ Contingent  |             |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |             |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |  |  |  |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|      |  | Student loans   |             |  |  |  |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset?         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
|      | Yes  | Other. Specify 2014 electric bill DC-002814-12  |             |  |  |  |
| 4.6  | Atlantic Electric  | Last 4 digits of account number   | \$11,000.00 |  |  |  |
|      | Nonpriority Creditor's Name P.O. Box 231 Wilmington, DE 19899                          | When was the debt incurred?   |             |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|      | Debtor 1 only  | ☐ Contingent  |             |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |             |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another                | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|      | _  | Student loans   |             |  |  |  |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset?         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
|      | Yes  | Other. Specify electric bill  |             |  |  |  |
| 4.7  | Bank of America Nonpriority Creditor's Name  | Last 4 digits of account number 3184  | \$60,000.00 |  |  |  |
|      | P.O. Box 15019 Wilmington, DE 19886  | When was the debt incurred?   |             |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|      | Debtor 1 only  | ☐ Contingent  |             |  |  |  |
|      | ☐ Debtor 2 only  | ☐ Unliquidated  |             |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |             |  |  |  |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|      | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |             |  |  |  |
|      | Is the claim subject to offset?  | report as priority claims   |             |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |

☐ Yes

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Debtor 1 Sheri Lynn Longstaff 4.8 \$13,000.00 BarclayCard Bank Last 4 digits of account number 1475 Nonpriority Creditor's Name P.O. Box 8802 When was the debt incurred? Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Credit card purchases Other. Specify Spirit Master Card ☐ Yes 4.9 **Budzik & Dynia LLC** Last 4 digits of account number 1475 \$12,000.00 Nonpriority Creditor's Name 4849 North Milwaukee Avenue When was the debt incurred? Suite 801 Chicago, IL 60630 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.1 Capital One 9910.7410 \$3,500.00 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 70884 When was the debt incurred? Charlotte, NC 28272 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 

Document Page 31 of 91 Debtor 1 Sheri Lynn Longstaff Case number (if know) 4.1 Catamaran Media Unknown Last 4 digits of account number Nonpriority Creditor's Name 507 South Shore Road When was the debt incurred? Marmora, NJ 08223 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify advertising ☐ Yes 4.1 Citibank Home Depot Card 7711 \$7,100.00 Last 4 digits of account number Nonpriority Creditor's Name 1 NCC Parkway When was the debt incurred? Mail Code K-A16-28 Kalamazoo, MI 49009 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes City of Philadelphia Parking 4.1 8203 \$110.00 **Violations** Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 41818 When was the debt incurred? Philadelphia, PA 19011 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Parking Tickets

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Document Page 32 of 91 Debtor 1 Sheri Lynn Longstaff Case number (if know) 4.1 **Creditor Interchange** Unknown Last 4 digits of account number Nonpriority Creditor's Name 80 Holtz Drive When was the debt incurred? Buffalo, NY 14225 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.1 **Dell Financial Services** 1880 \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name 1 Dell Way When was the debt incurred? Round Rock, TX 78682 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.1 **Discover Card** Unknown 6 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 15192 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit card purchases

Document Page 33 of 91 Debtor 1 Sheri Lynn Longstaff Case number (if know) 3210,1909,5 4.1 7 **Discover Card** \$35,000.00 Last 4 digits of account number 632 Nonpriority Creditor's Name P.O. Box 71084 When was the debt incurred? Charlotte, NC 28272 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.1 **Diversified Adj Services Verizon** \$1,000.00 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 32145 When was the debt incurred? Minneapolis, MN 55432 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Phone 4.1 **Electri-Tech Inc** \$12,000.00 Last 4 digits of account number Nonpriority Creditor's Name 82 Tuckahoe Road When was the debt incurred? Dorothy, NJ 08317 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Contractor Services ☐ Yes

Document Page 34 of 91 Debtor 1 Sheri Lynn Longstaff Case number (if know) 4.2 \$3,000.00 **Equity One Communications LP** 5611 Last 4 digits of account number 0 Nonpriority Creditor's Name When was the debt incurred? **Bayport One** Suite 100 8025 Black Horse Pike Pleasantville, NJ 08232 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Contractor Services** Other, Specify 4.2 Fein Such Kahn & Shepard PC 0410.5510 \$18,000.00 Last 4 digits of account number Nonpriority Creditor's Name 7 Century Drive When was the debt incurred? Suite 201 Parsippany, NJ 07054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Credit card purchases ☐ Yes Other. Specify Vanz LLC 4.2 **Financial Recovery Services Inc** Last 4 digits of account number Unknown Nonpriority Creditor's Name P.O. Box 38598 When was the debt incurred? Minneapolis, MN 55438 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset?

Official Form 106 E/F

■ No

☐ Yes

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit card purchases

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Case number (if know) Debtor 1 Sheri Lynn Longstaff 4.2 \$2,000.00 Fitzgerald McGroarty 2309 Last 4 digits of account number 3 Nonpriority Creditor's Name 401 New Road When was the debt incurred? Suite 104 Linwood, NJ 08221 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Judgment 4.2 **Focus Receivables Management** Unknown Last 4 digits of account number Nonpriority Creditor's Name 1130 Nothchase Parkway When was the debt incurred? Suite 150 Marietta, GA 30067 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.2 Freeman & Mintz Unknown 5 Last 4 digits of account number Nonpriority Creditor's Name 34 Tanner Street When was the debt incurred? Haddonfield, NJ 08033 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes

Document Page 36 of 91 Case number (if know) Debtor 1 Sheri Lynn Longstaff 4.2 \$4,000.00 GE Money Bank/Sam's Credit 1231 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 981064 When was the debt incurred? El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.2 **Herald Newspapers** 6618 \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 1508 Route 47 S When was the debt incurred? Rio Grande, NJ 08242 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify advertising ☐ Yes 4.2 **HSBC** 8069 \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 5244 When was the debt incurred? Carol Stream, IL Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only

☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

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Page 37 of 91 Case number (if know) Debtor 1 Sheri Lynn Longstaff 4.2 \$700.00 IC System Last 4 digits of account number 9 Nonpriority Creditor's Name P.O. Box 64378 When was the debt incurred? Saint Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes 4.3 **Lamont Hanley & Associates** 0518 \$200.00 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 179 When was the debt incurred? Manchester, NH 03101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Hartford Ins ☐ Yes 4.3 Unknown Lowes Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 530914 When was the debt incurred? Atlanta, GA 30353 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

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Document Page 38 of 91 Case number (if know) Debtor 1 Sheri Lynn Longstaff 4.3 \$800.00 LVNV Funding LLC 4217 Last 4 digits of account number 2 Nonpriority Creditor's Name c/o Stenger & Stenger PC When was the debt incurred? 2618 E. Paris Avenue Grand Rapids, MI 49546 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 McCarthy Burgess & Wolf 19A1,2809 \$1,200.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 2600 Cannon Road 21581348A-1-052809 When was the debt incurred? Bedford, OH 44146 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset?  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Phone** ☐ Yes Other. Specify **Paychex** 4.3 MCM/Midland Credit Management 1993 \$200.00 Last 4 digits of account number Nonpriority Creditor's Name **DEPT. 12421** When was the debt incurred? P.O. Box 603 Oaks, PA 19456 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Phone

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Document Page 39 of 91 Case number (if know) Debtor 1 Sheri Lynn Longstaff 4.3 **National City** 6652 \$17,000.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 1 NCC Parkway When was the debt incurred? Mail Code K-A16-2B Kalamazoo, MI 49009 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.3 **NCS Collection Services** 1731 \$500.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 24101 When was the debt incurred? Cleveland, OH 44124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify purchases 4.3 **Northland Group** 9811 \$7,000.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 390905 When was the debt incurred? Minneapolis, MN 55439 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Card

Credit card purchases - Citibank Master

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Document Page 40 of 91 Debtor 1 Sheri Lynn Longstaff Case number (if know) 4.3 **Orlando Children's Hospital** Unknown Last 4 digits of account number 8 Nonpriority Creditor's Name 13535 Nemours Parkway When was the debt incurred? Orlando, FL 32827 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes 4.3 **Ricoh Americas Corporation** 1824,16PR \$20,000.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 21146 Network Place When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Copier services ☐ Yes 4.4 **RMCB Collection Agency** 4426 \$150.00 0 Last 4 digits of account number Nonpriority Creditor's Name 4 Westchester Plaza When was the debt incurred? Suite 110 Elmsford, NY 10523 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify E-Z Pass ☐ Yes

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Document Page 41 of 91 Case number (if know) Debtor 1 Sheri Lynn Longstaff 4.4 Sears Master Card 2716 Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6282 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.4 Sherman Silverstein 101X \$8,000.00 Last 4 digits of account number Nonpriority Creditor's Name 308 Harper Drive When was the debt incurred? Moorestown, NJ 08057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 Sklar Law Office \$1.500.00 Last 4 digits of account number Nonpriority Creditor's Name 1200 Laurel Oak Road When was the debt incurred? Suite 102 Voorhees, NJ 08043 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt

■ No

☐ Yes

■ Other. Specify Legal bills

report as priority claims

 $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

|                    | Case I                                       | 7-22919-JNP DOC 1                              |   |                           | 06/23/17 21.01.5               | y Desi        | Jiviaiii             |
|--------------------|--|--|---|---------------------------|--------------------------------|---------------|----------------------|
| Debtor '           | Sheri Ly                                     | nn Longstaff                                   | Document Page 42  | 2 <b>01 9</b> 3<br>Case n | 1<br>lumber (if know)          |               |                      |
|                    | South Jers                                   | -  | Last 4 digits of account number   | 2014                      |                                |               | \$2,600.00           |
|                    | Nonpriority Cre<br>c/o Scott H<br>121 Johnse | I. Marcus & Associates                         | When was the debt incurred?   |                           |                                |               |                      |
|                    | Blackwood                                    | d, NJ 08012                                    |   |                           |                                |               |                      |
|                    |  | t City State Zlp Code                          | As of the date you file, the claim  | is: Check                 | all that apply                 |               |                      |
|                    | _  | the debt? Check one.                           |   |                           |                                |               |                      |
|                    | Debtor 1 or                                  | •  | ☐ Contingent  |                           |                                |               |                      |
|                    | Debtor 2 or                                  | •  | ☐ Unliquidated  |                           |                                |               |                      |
|                    | Debtor 1 ar                                  | nd Debtor 2 only                               | ☐ Disputed  |                           |                                |               |                      |
|                    | At least one                                 | e of the debtors and another                   | Type of NONPRIORITY unsecure  | d claim:                  |                                |               |                      |
|                    | ☐ Check if th                                | nis claim is for a community                   | ☐ Student loans   |                           |                                |               |                      |
|                    | debt<br>Is the claim s                       | ubject to offset?                              | Obligations arising out of a separeport as priority claims  | aration ag                | reement or divorce that you d  | lid not       |                      |
|                    | ■ No   |  | Debts to pension or profit-sharing  | ng plans, a               | and other similar debts        |               |                      |
|                    | ☐ Yes  |  | Other. Specify Utility Bill   |                           |                                |               |                      |
| 4.4<br>5           | TD Bank                                      |  | Last 4 digits of account number   | 020D                      | ,2224                          |               | \$1,500.00           |
|                    | Nonpriority Cre 1701 Route                   | e 70 E   | When was the debt incurred?   |                           |                                |               |                      |
|                    | Cherry Hill                                  | l, NJ 08034<br>t City State Zlp Code           | As of the date you file, the claim  | ia. Chaak                 | all that apply                 |               |                      |
|                    |  | the debt? Check one.                           | As of the date you me, the claim  | is. Check                 | ан шасарру                     |               |                      |
|                    | ☐ Debtor 1 or                                |  | ☐ Contingent  |                           |                                |               |                      |
|                    | Debtor 2 or                                  | ·  |   |                           |                                |               |                      |
|                    | _  | nd Debtor 2 only                               | ☐ Unliquidated  |                           |                                |               |                      |
|                    | _  | •  | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:                  |                                |               |                      |
|                    |  | e of the debtors and another                   | Student loans   | u Ciaiiii.                |                                |               |                      |
|                    | debt   | nis claim is for a community ubject to offset? | ☐ Obligations arising out of a separeport as priority claims  | aration ag                | reement or divorce that you d  | lid not       |                      |
|                    | No   | ubject to onset:                               | Debts to pension or profit-sharing  | na plane a                | and other similar debts        |               |                      |
|                    | ☐ Yes  |  | ■ Other. Specify Bank servi   | •                         | and other similar debts        |               |                      |
|                    |  |  |   |                           |                                |               |                      |
| Part 3:            | List Other                                   | rs to Be Notified About a Debt                 | That You Already Listed   |                           |                                |               |                      |
| is tryin<br>have n | ng to collect from                           | om you for a debt you owe to som               | out your bankruptcy, for a debt that y<br>eone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1                   | or 2, then list the collection | agency here   | e. Similarly, if you |
| Part 4:            | Add the A                                    | Amounts for Each Type of Uns                   | ecured Claim  |                           |                                |               |                      |
|                    |  |  | s. This information is for statistical r  | oporting                  | nurnosos only 29 II S C &      | 150 Add tha   | amounts for each     |
|                    | f unsecured cl                               | **   | s. This illiorniation is for statistical r  | eporting                  | , , ,                          | 139. Add tile | amounts for each     |
|                    | 6a.  | . Domestic support obligations                 |   | 6a.                       | Total Claim                    | 0.00          |                      |
| Т                  | otal oa.                                     |  |   | ou.                       | Ψ                              | 0.00          |                      |
|                    | nims   | Tayes and cortain other debts :                | ou owe the government   | 6h                        | ¢                              | 0.00          |                      |
| nom Pa             | art 1 6b.<br>6c.                             |  | <u> </u>  | 6b.<br>6c.                | \$<br>\$                       | 0.00          |                      |
|                    | 6d.  |  | cured claims. Write that amount here.   | 6d.                       | \$<br>                         | 0.00          |                      |
|                    |  | 1 . 3  |   |                           |                                |               |                      |
|                    | 6e.  | . Total Priority. Add lines 6a through         | gh 6d.  | 6e.                       | \$                             | 0.00          |                      |

Total claims from Part 2

Official Form 106 E/F

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Student loans

6f.

6g.

**Total Claim** 

0.00

0.00

6f.

6g.

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Case number (if know)

Debtor 1 Sheri Lynn Longstaff

| 6h.<br>6i. | Debts to pension or profit-sharing plans, and other similar debts<br>Other. Add all other nonpriority unsecured claims. Write that amount<br>here. | 6h.<br>6i. | \$<br><br>0.00<br>252,940.00 |
|------------|--|------------|------------------------------|
| 6j.        | Total Nonpriority. Add lines 6f through 6i.  | 6j.        | \$<br>252,940.00             |

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| Fill in this infor  | mation to identify your  | case:                |           |  |
|---------------------|--------------------------|----------------------|-----------|--|
| Debtor 1            | Sheri Lynn Longs         | staff                | _         |  |
|                     | First Name               | Middle Name          | Last Name |  |
| Debtor 2            |                          |                      |           |  |
| (Spouse if, filing) | First Name               | Middle Name          | Last Name |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JERS | EY        |  |
| Case number         |                          |                      |           |  |
| (if known)          |                          |                      |           |  |
|                     |                          |                      |           |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Tim Bailey
808 Windridge Avenue
Downingtown, PA 19335

State what the contract or lease is for
RESIDENTIAL MONTH-TO-MONTH

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|---|--|--|---|--|
| Fill in this                            | s information to identify your   | case:  |   |  |
| Debtor 1                                | Sheri Lynn Longs   | staff  |   |  |
| DODIOI I                                | First Name   | Middle Name  | Last Name   | -  |
| Debtor 2                                |  |  |   |  |
| (Spouse if, fil                         | ing) First Name  | Middle Name  | Last Name   | -  |
| United Sta                              | ates Bankruptcy Court for the:   | DISTRICT OF NEW JERSE  | Υ   | -  |
| Case num                                | her  |  |   |  |
| (if known)                              |  |  |   | ☐ Check if this is an  |
|   |  |  |   | amended filing   |
| O((;                                    | 15   |  |   |  |
|   | I Form 106H  |  |   |  |
| Sched                                   | dule H: Your Cod   | ebtors   |   | 12/15  |
| people are<br>ill it out, a<br>our name | e filing together, both are equend number the entries in the earn case number (if known) | ally responsible for supplyin boxes on the left. Attach the . Answer every question. |   | e is needed, copy the Additional Page,<br>ne top of any Additional Pages, write  |
| □ No                                    |  |  |   |  |
| □ No                                    |  |  |   |  |
| ■ Ye                                    | S  |  |   |  |
| Arizor                                  |  | Nevada, New Mexico, Puerto   | rty state or territory? (Community pro<br>Rico, Texas, Washington, and Wiscon<br>h you at the time? |  |
| in line<br>Form                         | e 2 again as a codebtor only i   | f that person is a guarantor of  | or cosigner. Make sure you have list  | filing with you. List the person shown<br>ted the creditor on Schedule D (Official<br>le D, Schedule E/F, or Schedule G to fil |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and Zi                      | P Code   |   | e creditor to whom you owe the debt edules that apply:   |
|   |  |  |   |  |
|   | Brandon Longstaff  |  | ■ Schedule  | D, line <b>2.20</b>  |
|   | 153 N. Main Street   |  |   | E/F, line  |
|   | Marysville, PA 17053   |  | ☐ Schedule  | G  |
|   |  |  | Wells Fargo   | Bank   |
| -                                       |  |  |   |  |
| 3.2                                     | Brandon Longstaff  |  | ■ Schedule  | D, line <b>2.18</b>  |
|   | 153 N. Main Street   |  |   | E/F, line  |
|   | Marysville, PA 17053   |  | ☐ Schedule  |  |
|   |  |  | The Bank  |  |
|   |  |  |   |  |
|   | Brandon Longstaff  |  | ■ Schedule  | D, line <b>2.16</b>  |
|   | 153 N. Main Street   |  |   | E/F, line  |
|   | Marysville, PA 17053   |  | ☐ Schedule  |  |
|   |  |  | Sovereign E   |  |

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|      | Additional Page to List More Codebtors                          |   |
|------|---|---|
|      | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:                           |
| 3.4  | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line □ Schedule E/F, line □ Schedule G Bank of Gloucester County                            |
| 3.5  | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Franklin Bank                               |
| 3.6  | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line2.11<br>□ Schedule E/F, line<br>□ Schedule G<br>Nova Bank                               |
| 3.7  | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ☐ Schedule D, line<br>■ Schedule E/F, line4.13<br>☐ Schedule G<br>City of Philadelphia Parking Violations |
| 3.8  | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ☐ Schedule D, line<br>■ Schedule E/F, line4.3<br>☐ Schedule G<br>Apex Asset Management                    |
| 3.9  | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ☐ Schedule D, line<br>■ Schedule E/F, line  |
| 3.10 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ☐ Schedule D, line<br>■ Schedule E/F, line4.5<br>☐ Schedule G<br>Atlantic Electric                        |

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|       | Additional Page to List More Codebtors |   |
|-------|--|---|
|       | Column 1: Your codebtor                | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.11  | Brandon Longstaff                      | ☐ Schedule D, line  |
|       | 153 N. Main Street                     | ■ Schedule E/F, line <b>4.6</b>   |
|       | Marysville, PA 17053                   | □ Schedule G  |
|       |  | Atlantic Electric   |
| 2 12  | Brandon Longstaff                      | Cabadula D. lina  |
| 3.12  | 153 N. Main Street                     | ☐ Schedule D, line  |
|       | Marysville, PA 17053                   | ■ Schedule E/F, line <u>4.7</u> □ Schedule G                                    |
|       |  | Bank of America   |
| 3 13  | Brandon Longstaff                      | ☐ Schedule D, line  |
| 0.10  | 153 N. Main Street                     | ■ Schedule E/F, line 4.8  |
|       | Marysville, PA 17053                   | ☐ Schedule G  |
|       |  | BarclayCard Bank  |
| 3.14  | Brandon Longstaff                      | ☐ Schedule D, line  |
| •     | 153 N. Main Street                     | Schedule E/F, line 4.9  |
|       | Marysville, PA 17053                   | □ Schedule G  |
|       |  | Budzik & Dynia LLC  |
| 3.15  | Brandon Longstaff                      | ☐ Schedule D, line  |
|       | 153 N. Main Street                     | Schedule E/F, line 4.10   |
|       | Marysville, PA 17053                   | □ Schedule G  |
|       |  | Capital One   |
| 3 16  | Brandon Longstaff                      | ☐ Schedule D, line  |
| 0.10  | 153 N. Main Street                     | Schedule E/F, line 4.11   |
|       | Marysville, PA 17053                   | □ Schedule G  |
|       |  | Catamaran Media   |
| 3.17  | Brandon Longstaff                      | ☐ Schedule D, line  |
| J. 17 | 153 N. Main Street                     |   |
|       | Marysville, PA 17053                   | ■ Schedule E/F, line <u>4.12</u> □ Schedule G                                   |
|       |  | Citibank Home Depot Card  |

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|      | Additional Page to List More Codebtors     |   |
|------|--|---|
|      | Column 1: Your codebtor                    | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.18 | Brandon Longstaff                          | ☐ Schedule D, line  |
|      | 153 N. Main Street                         | Schedule E/F, line 4.38   |
|      | Marysville, PA 17053                       | ☐ Schedule G  |
|      |  | Orlando Children's Hospital   |
| 3 19 | Brandon Longstaff                          | ☐ Schedule D, line  |
| 0.10 | 153 N. Main Street                         | ■ Schedule E/F, line 4.14   |
|      | Marysville, PA 17053                       | ☐ Schedule G  |
|      |  | Creditor Interchange  |
| 3 20 | Brandon Longstaff                          | ☐ Schedule D, line  |
| 0.20 | 153 N. Main Street                         | ■ Schedule E/F, line 4.15   |
|      | Marysville, PA 17053                       | ☐ Schedule G  |
|      |  | Dell Financial Services   |
| 3 21 | Brandon Longstaff                          | ☐ Schedule D, line  |
| 0.21 | 153 N. Main Street                         | ■ Schedule E/F, line 4.16   |
|      | Marysville, PA 17053                       | ☐ Schedule G  |
|      |  | Discover Card   |
| 3 22 | Brandon Longstaff                          | □ Cohodulo D. lino  |
| 5.22 | 153 N. Main Street                         | Schedule D, line  |
|      | Marysville, PA 17053                       | ■ Schedule E/F, line <u>4.17</u> □ Schedule G                                   |
|      |  | Discover Card   |
| 2.02 | Durandon Longotoff                         | _   |
| 3.23 | Brandon Longstaff<br>153 N. Main Street    | Schedule D, line 2.2  |
|      | Marysville, PA 17053                       | ☐ Schedule E/F, line  |
|      | •  | □ Schedule G<br>DiTech  |
|      |  |   |
| 3.24 | Brandon Longstaff                          | ☐ Schedule D, line  |
|      | 153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule E/F, line <u>4.18</u>  |
|      | mai ysville, FA 17033                      | ☐ Schedule G<br>Diversified Adj Services Verizon                                |
|      |  |   |

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|       | Additional Page to List More Codebtors  |   |
|-------|---|---|
|       | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.25  | Brandon Longstaff   | ■ Schedule D, line <b>2.5</b>   |
|       | 153 N. Main Street  | ☐ Schedule E/F, line  |
|       | Marysville, PA 17053  | ☐ Schedule G  |
|       |   | Federal Home Loan Mortgage Corp   |
| 0.00  | David de la constant |   |
| 3.26  | Brandon Longstaff<br>153 N. Main Street   | ■ Schedule D, line <b>2.7</b>   |
|       | Marysville, PA 17053  | ☐ Schedule E/F, line  |
|       | manyovino, i ya ir ooo  | □ Schedule G<br>Fulton Bank   |
|       |   |   |
| 3.27  | Brandon Longstaff   | ☐ Schedule D, line  |
|       | 153 N. Main Street  | ■ Schedule E/F, line 4.19   |
|       | Marysville, PA 17053  | ☐ Schedule G  |
|       |   | Electri-Tech Inc  |
|       |   |   |
| 3.28  | Brandon Longstaff<br>153 N. Main Street   | ☐ Schedule D, line  |
|       | Marysville, PA 17053  | Schedule E/F, line 4.20   |
|       | mary symbol 174 17 000  | ☐ Schedule G  |
|       |   | Equity One Communications LP  |
| 3.29  | Brandon Longstaff   | ■ Schedule D, line 2.15   |
|       | 153 N. Main Street  | ☐ Schedule E/F, line  |
|       | Marysville, PA 17053  | ☐ Schedule G  |
|       |   | Rushmore Loan Management Services   |
| 0.00  | D. 1. 1   |   |
| 3.30  | Brandon Longstaff   | ☐ Schedule D, line  |
|       | 153 N. Main Street<br>Marysville, PA 17053  | ■ Schedule E/F, line <u>4.21</u>  |
|       | Marysvine, FA 17033   | ☐ Schedule G  |
|       |   | Fein Such Kahn & Shepard PC   |
| 3.31  | Brandon Longstaff   | □ Schedule D. line  |
| J.J I | 153 N. Main Street  | ☐ Schedule D, line  |
|       | Marysville, PA 17053  | ■ Schedule E/F, line <u>4.22</u>  |
|       |   | ☐ Schedule G<br>Financial Recovery Services Inc                                 |
|       |   |   |

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|                  | Additional Page to List More Codebtors     |   |
|------------------|--|---|
|                  | Column 1: Your codebtor                    | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.32             | Brandon Longstaff                          | ☐ Schedule D, line  |
|                  | 153 N. Main Street                         | Schedule E/F, line 4.24   |
|                  | Marysville, PA 17053                       | □ Schedule G  |
|                  |  | Focus Receivables Management  |
| 2 22             | Brandon Longstaff                          | □ Cabadula D. lina  |
| 3.33             | 153 N. Main Street                         | ☐ Schedule D, line  |
|                  | Marysville, PA 17053                       | ■ Schedule E/F, line <u>4.25</u> □ Schedule G                                   |
|                  |  | Freeman & Mintz   |
| 3 3/1            | Brandon Longstaff                          |   |
| J.J <del>4</del> | 153 N. Main Street                         | Schedule D, line 2.10   |
|                  | Marysville, PA 17053                       | ☐ Schedule E/F, line<br>☐ Schedule G  |
|                  |  | Harley Davision Credit  |
|                  |  |   |
| 3.35             | Brandon Longstaff                          | ☐ Schedule D, line  |
|                  | 153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule E/F, line <b>4.26</b>  |
|                  | Marysville, FA 17033                       | ☐ Schedule G  |
|                  |  | GE Money Bank/Sam's Credit  |
| 3.36             | Brandon Longstaff                          | ☐ Schedule D, line  |
|                  | 153 N. Main Street                         | ■ Schedule E/F, line4.33  |
|                  | Marysville, PA 17053                       | ☐ Schedule G  |
|                  |  | McCarthy Burgess & Wolf   |
| 3.37             | Brandon Longstaff                          | ☐ Schedule D, line  |
|                  | 153 N. Main Street                         | ■ Schedule E/F, line 4.34   |
|                  | Marysville, PA 17053                       | ☐ Schedule G  |
|                  |  | MCM/Midland Credit Management   |
| 3.38             | Brandon Longstaff                          | Cohadula D. line 2.9  |
| 0.50             | 153 N. Main Street                         | ■ Schedule D, line <b>2.8</b><br>□ Schedule E/F, line                           |
|                  | Marysville, PA 17053                       | ☐ Schedule E/F, line  |
|                  |  | GMAC  |
|                  |  |   |

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| Column 1: Your codebtor   Column 1: Your codebtor   Column 2: The creditor to whom you of Check all sedules that apply:  | 41          |
|--|-------------|
| 153 N. Main Street   Schedule E/F, line   Schedule G   Schedule E/F, line   Schedule E/F, line   Schedule E/F, line   Schedule E/F, line   Schedule G   Schedule E/F, line   Schedule G     | ve the debt |
| Schedule E/F, line   Schedule E/F, line   Schedule G      |             |
| 3.40 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.41 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.42 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.42 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.43 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.44 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.45 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.46 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.47 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.48 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.49 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.40 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.41 Brandon Longstaff 153 N. Main Street Marysville, PA 17053   |             |
| 3.40 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.41 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.42 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.43 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.44 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.45 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.46 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.47 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.48 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.49 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.40 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  3.41 Brandon Longstaff 153 N. Main Street  3.42 Brandon Longstaff 153 N. Main Street  3.43 Brandon Longstaff 153 N. Main Street  3.44 Brandon Longstaff 153 N. Main Street  3.45 Brandon Longstaff 153 N. Main Street  3.46 Brandon Longstaff 153 N. Main Street  3.47 Brandon Longstaff 153 N. Main Street  3.48 Brandon Longstaff 153 N. Main Street  3.49 Brandon Longstaff 153 N. Main Street  3.44 Brandon Longstaff 153 N. Main Street  3.45 Brandon Longstaff 155 Redulle P., line 157 Brandon Longstaff 158 Brandon Longstaff 159 Brando |             |
| 153 N. Main Street Marysville, PA 17053    Schedule E/F, line   Schedule G   |             |
| 153 N. Main Street Marysville, PA 17053    Schedule E/F, line   Schedule G   |             |
| Schedule G   Pro Capital Fund 1 LLC  |             |
| 3.41 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street  Schedule D, line Schedule G IC System  Schedule D, line 4.29 Schedule D, line 4.29 Schedule D, line   |             |
| 153 N. Main Street Marysville, PA 17053    Schedule E/F, line   Schedule G   Schedule G   Schedule D, line   2.19  |             |
| 153 N. Main Street Marysville, PA 17053    Schedule E/F, line   Schedule G   Schedule G   Schedule D, line   2.19  |             |
| Schedule G   Fannie Mae    3.42   Brandon Longstaff   Schedule D, line   2.19   Schedule E/F, line   Schedule G   Volkswagon Credit    3.43   Brandon Longstaff   Schedule D, line   Schedule D, line   Schedule D, line   Schedule E/F, line   Schedule E/F, line   Schedule E/F, line   Schedule G   Schedule D, line   Schedule E/F, lin   |             |
| 3.42 Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street  Schedule D, line Schedule G IC System  3.44 Brandon Longstaff 153 N. Main Street  Schedule D, line Schedule D, line Schedule E/F, line  Schedule D, line Schedule D, line Schedule D, line  |             |
| 153 N. Main Street  Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street Marysville, PA 17053  Brandon Longstaff 153 N. Main Street  Schedule E/F, line 4.29  Schedule G  IC System   3.44 Brandon Longstaff 153 N. Main Street  Schedule D, line  Schedule D, line  Schedule F/F, line 4.43  |             |
| Marysville, PA 17053  Schedule G IC System  3.44 Brandon Longstaff 153 N. Main Street  Schedule D, line Schedule E/F, line 4.43  |             |
| 153 N. Main Street ■ Schedule F/F, line 4.43   |             |
| Marysville, PA 17053 □ Schedule G Sklar Law Office   |             |
| 3.45 Brandon Longstaff □ Schedule D, line  |             |
| 153 N. Main Street ■ Schedule F/F, line 4.40   |             |
| Marysville, PA 17053 ☐ Schedule G  |             |
| RMCB Collection Agency   |             |

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|      | Additional Page to List More Codebtors |   |
|------|--|---|
|      | Column 1: Your codebtor                | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.46 | Brandon Longstaff                      | ☐ Schedule D, line  |
|      | 153 N. Main Street                     | ■ Schedule E/F, line 4.32   |
|      | Marysville, PA 17053                   | ☐ Schedule G  |
|      |  | LVNV Funding LLC  |
| 3 47 | Brandon Longstaff                      | ☐ Schedule D, line  |
| 0    | 153 N. Main Street                     | Schedule E/F, line 2.1  |
|      | Marysville, PA 17053                   | □ Schedule G  |
|      |  | City of Ocean City  |
| 3.48 | Brandon Longstaff                      | ☐ Schedule D, line  |
|      | 153 N. Main Street                     | ■ Schedule E/F, line <b>4.39</b>  |
|      | Marysville, PA 17053                   | ☐ Schedule G  |
|      |  | Ricoh Americas Corporation  |
| 3 49 | Brandon Longstaff                      | ☐ Schedule D, line  |
| 0.10 | 153 N. Main Street                     | ■ Schedule E/F, line 4.36   |
|      | Marysville, PA 17053                   | □ Schedule G  |
|      |  | NCS Collection Services   |
| 3.50 | Brandon Longstaff                      | ☐ Schedule D, line  |
| 0.00 | 153 N. Main Street                     | ■ Schedule E/F, line 4.27   |
|      | Marysville, PA 17053                   | ☐ Schedule G  |
|      |  | Herald Newspapers   |
| 3 51 | Brandon Longstaff                      | ☐ Schedule D, line  |
| 0.01 | 153 N. Main Street                     | ■ Schedule E/F, line 4.45   |
|      | Marysville, PA 17053                   | ☐ Schedule G  |
|      |  | TD Bank   |
| 3 52 | Brandon Longstaff                      | □ Schadula D. lina  |
| J.JZ | 153 N. Main Street                     | ☐ Schedule D, line  |
|      | Marysville, PA 17053                   | ■ Schedule E/F, line <u>4.23</u> □ Schedule G                                   |
|      |  | Fitzgerald McGroarty  |

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| Column 2: The creditor to whom you owe the debt Check all schedules that apply:  ☐ Schedule D, line  ☐ Schedule E/F, line4.42  ☐ Schedule G  Sherman Silverstein |
|--|
| ■ Schedule E/F, line4.42<br>□ Schedule G   |
| ☐ Schedule G   |
|  |
| Charman Cilvaratain  |
| Sherman Silverstein  |
| ☐ Schedule D, line   |
| Schedule E/F, line 4.41  |
| ☐ Schedule G   |
| Sears Master Card  |
| ☐ Schedule D, line   |
| Schedule E/F, line 4.2   |
| ☐ Schedule G   |
| American Express   |
| ☐ Schedule D, line   |
| Schedule E/F, line 4.35  |
| ☐ Schedule G   |
| National City  |
| □ Schedule D, line   |
| ■ Schedule E/F, line 4.37  |
| □ Schedule G   |
| Northland Group  |
| □ Schodulo D. lino   |
| ☐ Schedule D, line  Schedule E/F, line 4.28  |
| ☐ Schedule G   |
| HSBC   |
|  |
| Cohadula D. lina   |
| ☐ Schedule D, line   |
| □ Schedule D, line<br>■ Schedule E/F, line4.30<br>□ Schedule G   |
|  |

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Case number (if known)

|      | Additional Page to List More Codebtors                          |  |
|------|---|--|
|      | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:          |
| 3.60 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ☐ Schedule D, line<br>■ Schedule E/F, line4.31<br>☐ Schedule G<br>Lowes                  |
| 3.61 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>OPMC                       |
| 3.62 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Pennsylvania Business Bank |
| 3.63 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Donna McCafferty           |
| 3.64 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Taht Stanton & McCrosson   |
| 3.65 | Brandon Longstaff<br>153 N. Main Street<br>Marysville, PA 17053 | ☐ Schedule D, line<br>■ Schedule E/F, line4.44<br>☐ Schedule G<br>South Jersey Gas       |

Debtor 1 Sheri Lynn Longstaff

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| Fill               | in this information to identify your o   | case:   |  |                      |                |                |                      |                            |                     |               |
|--------------------|--|---|--|----------------------|----------------|----------------|----------------------|----------------------------|---------------------|---------------|
| Del                | otor 1 Sheri Lynn  | Longstaff   |  |                      | _              |                |                      |                            |                     |               |
|                    | otor 2   |   |  |                      | _              |                |                      |                            |                     |               |
| Uni                | ted States Bankruptcy Court for the  | e: DISTRICT OF NEW J  | JERSEY   |                      | _              |                |                      |                            |                     |               |
|                    | se number<br>nown)   |   | -  |                      |                | ☐ An<br>☐ As   |                      | nt showing                 | postpetition cl     | hapter        |
| 0                  | fficial Form 106l  |   |  |                      |                |                |                      |                            | owing date:         |               |
|                    | chedule I: Your Inc  | ome   |  |                      |                | MIV            | 1 / DD/ Y`           | YYY                        |                     | 12/15         |
| sup<br>spo<br>atta | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili<br>ur spouse is not filing w<br>On the top of any additi | ng jointly, and your s<br>ith you, do not includ | pouse i<br>le inforr | s liv<br>natio | ing with yo    | ou, inclu<br>our spo | ide informa<br>use. If mor | ation about ye      | our<br>eeded, |
| 1.                 | Fill in your employment information.   |   | Debtor 1   |                      |                |                | Debtor 2             | or non-fili                | ng spouse           |               |
|                    | If you have more than one job,   | Employment status   | ■ Employed                                       | Employed             |                |                | ☐ Emplo              | yed                        |                     |               |
|                    | attach a separate page with information about additional   | Employment status   | ☐ Not employed                                   |                      |                | [              | ☐ Not en             | nployed                    |                     |               |
|                    | employers.   | Occupation  | SECRETARY  |                      |                |                |                      |                            |                     |               |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name   | Action Supply                                    |                      |                |                |                      |                            |                     |               |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address  | 1413 Stagecoach<br>South Seaville, N             |                      |                |                |                      |                            |                     |               |
|                    |  | How long employed t   | here? 3 YRS.                                     |                      |                |                |                      |                            |                     |               |
| Par                | Give Details About Mo  | nthly Income  |  |                      |                |                |                      |                            |                     |               |
|                    | mate monthly income as of the cuse unless you are separated.   | late you file this form. If   | you have nothing to re                           | port for             | any l          | line, write \$ | 30 in the            | space. Inclu               | ude your non-f      | filing        |
|                    | u or your non-filing spouse have m<br>e space, attach a separate sheet to  |   | ombine the information                           | for all e            | mplo           | oyers for th   | at persor            | n on the line              | es below. If yo     | u need        |
|                    |  |   |  |                      |                | For Debto      | or 1                 | For Debt                   | or 2 or<br>g spouse |               |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |  | 2.                   | \$             | 2,4            | 00.00                | \$                         | N/A                 |               |
| 3.                 | Estimate and list monthly over   | time pay.   |  | 3.                   | +\$            | 3              | 00.00                | +\$                        | N/A                 |               |

2,700.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Copy line 4 here 4, \$ 2,700.00 SN/A  5. List all payroll deductions:  5. Tax, Medicare, and Social Security deductions  5. Mandatory contributions for retirement plans  5. Mandatory contributions for retirement plans  5. Mandatory contributions for retirement plans  5. Required repayments of retirement plans  5. Required repayments for feitnement plans  5. Required repayments for feitnement fund toans  5. Domestis support obligations  5. Domestis support deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h  6. \$ 1,188.00  5. NIA  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h  6. \$ 1,188.00  5. NIA  6. List all other income requirer receives  6. \$ 1,188.00  5. NIA  6. List all other income requirer power and business showing gross  7. Calculate total monthly take-home pay. Subtract line 6 from line 4  7. \$ 1,512.00  5. NIA  8. Domestis support sublement  8. Domestis support deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h  8. Domestis support deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h  8. Domestis support deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h  8. Domestis support deductions. Add lines 5a+5b+5c+5d+5e+5d                                    | Deb | tor 1                 | Sheri Lynn Longstaff   | _      | Ca   | se number (if kno | wn)  |       |          |          |
|--|-----|-----------------------|--|--------|------|-------------------|------|-------|----------|----------|
| 5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. So. Society of   |     |                       |  |        | F    | or Debtor 1       |      |       |          |          |
| 5a. Tax, Medicare, and Social Security deductions   5a. \$ 396.00 \$ N/A   |     | Cop                   | y line 4 here  | 4.     | \$   | 2,700.            | 00   |       |          |          |
| 5a. Tax, Medicare, and Social Security deductions   5a. \$ 396.00 \$ N/A   | 5   | l ist                 | all navroll deductions:  |        |      |                   |      |       |          |          |
| Sb. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Required repayments of retirement fund loans 5d. Sp. Insurance 5d. Sp. Sp. Sp. Sp. Sp. N/A 5e. Insurance 5d. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp   | J.  |                       | • •  | E o    | ¢    | 200               | 00   | ¢     | NI/      |          |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. No. Observations 5d. No. Observa  |     |                       | ·  |        |      |                   |      | _     |          |          |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. \$792.00 \$ NA 5e. Domestic support obligations 5f. \$792.00 \$ NA 5g. Union duces 5g. \$792.00 \$ NA 5g. Union duces 5f. \$792.00 \$ NA 5f. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. \$6. \$1.00 \$ NA 76. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,512.00 \$ NA 77. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,512.00 \$ NA 78. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipls, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Family support payments that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance that you regularly receive specify.  8g. Pension or retirement income.  8g. \$0.00 \$ NA 8g. Pension or retirement income.  8g. \$0.00 \$ NA 8h. Other monthly income. Specify:  8g. Pension or retirement income.  8g. \$0.00 \$ NA 8h. Other monthly income. Specify:  8g. Pension or retirement income.  9g. \$0.00 \$ NA 8h. Other monthly income. Add line 7 + line 9.  10. Calculate monthly income. Add line 7 + line 9.  11. +\$ 0.00  11. +\$ 0.00  11. +\$ 0.00  12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  13. Do you expect an increase or decrease within the year after you file this form?  14. \$4,736.00  15. \$4,736.00  16. \$4,736.00  17. \$4. \$4,736.00  17. \$4. |     |                       |  |        |      |                   |      | · · · |          |          |
| 5e. Insurance  5f. Domestic support obligations  5f. S 0.000 \$ N/A  5g. Union dues  5g. \$ 0.000 \$ N/A  N/A  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+56+5d+56+5f+5g+5h.  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+56+5f+5g+5h.  6. \$ 1,188.00 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 1,512.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly received:  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. S 0.000 \$ N/A  8e. Social Security  8l. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrifion Assistance Program) or housing subsidies.  Specify:  8d. Pension or retirement income  8d. \$ 0.000 \$ N/A  8d. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  11. +\$ 0.00  12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  13. Do you expect an increase or decrease within the year after you file this form?  14. No.  |     |                       |  |        |      |                   |      | · —   |          |          |
| 5g. Union dues 5h. Other deductions. Specify: 5h. So. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,188.00 \$N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,1512.00 \$N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$3,224.00 \$N/A 8d. Unemployment compensation 8d. \$0.00 \$N/A 8e. Social Security 8e. \$0.00 \$N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$0.00 \$N/A 8g. Pension or retirement income 8g. \$0.00 \$N/A 8h. Other monthly income. Specify: 8g. Pension or retirement income 8g. \$0.00 \$N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$3,224.00 \$N/A 8h. Other monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or reliatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  10. Do you expect an increase or decrease within the year after you file this form?  |     | 5e.                   | • • • •  |        |      |                   |      |       |          |          |
| 5h. Other deductions. Specify:  Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Bayes and the common   |     | 5f.                   | Domestic support obligations   | 5f.    | \$   | 0.                | 00   | \$    | N/A      | A        |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5c+5d+5c+5f+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 1,512.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8pecify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your commates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your commates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. **                                |     | 5g.                   | Union dues   | 5g.    | \$   | 0.                | 00   | \$    |          |          |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  8. List all other income regularly received:  8. Net income from rental property and from operating a business, profession, or farm each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8. List all other income regularly received:  8. Butterest and dividends  8. Double support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8. Double support payments that you apport, maintenance, divorce settlement, and property settlement.  8. Social Security  8. Social Securit  |     | 5h.                   | Other deductions. Specify:   | 5h     | + \$ | 0.                | 00   | + \$  | N/A      | <u>A</u> |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8d. Unemployment compensation 8d. \$ 0.00 \$ NI/A 8d. Unemployment compensation 8d. \$ 0.00 \$ NI/A 8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ NI/A 8g. Pension or retirement income 8g. \$ 0.00 \$ NI/A 8h. Other monthly income. Specify:  8h. Other monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  | 6.  | Add                   | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.     | \$   | 1,188.            | 00   | \$    | N/A      | <u>A</u> |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 3,224.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, it is  12. \$ 4,736.00   | 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.     | \$   | 1,512.            | 00   | \$    | N/A      | <u>A</u> |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 3,224.00 \$ N/A  8d. Unemployment compensation 8e. \$ 0.00 \$ N/A  8d. Social Security 8e. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,224.00 \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,736.00 Combined monthly income.  | 8.  |                       | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross   |        |      |                   |      |       |          |          |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 3,224.00 \$ N/A  8d. Unemployment compensation 8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. \$ 0.00 \$ N/A  8g. Pension or retirement income 8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A  9. Add all other income. Add line 8 a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for bettor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. ** 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it No.  |     |                       |  | 8a.    | \$   | 0.                | 00   | \$    | N/A      | A        |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  9. Add all other income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  10. Do you expect an increase or decrease within the year after you file this form?   |     | 8b.                   | Interest and dividends   | 8b.    | \$   |                   |      | \$    |          |          |
| settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,736.00  Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?   |     | 8c.                   | regularly receive  |        |      |                   |      |       |          |          |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?   |     |                       |  | 8c.    | \$   | 3.224.            | 00   | \$    | N/A      | Δ        |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.   |     | 8d.                   |  |        |      |                   |      |       |          |          |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8.   |     | 8e.                   | Social Security  | 8e.    | \$   |                   |      | \$    |          |          |
| 8h. Other monthly income. Specify:  8h. + \$ 0.00 + \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 3,224.00   \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,736.00 Combined monthly income.  No.  |     | 8f.                   | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |        | \$   | 0.                | 00   | \$    | N//      | Α        |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,224.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,736.00 Combined monthly income.  No.   |     | 8g.                   | Pension or retirement income   | 8g.    | \$   | 0.                | 00   | \$    | N/A      | A        |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.  |     | 8h.                   | Other monthly income. Specify:   | 8h     | + \$ | 0.                | 00   | + \$  | N/A      | Α        |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,736.00  Combined monthly income  No.   | 9.  | Add                   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.     | \$_  | 3,224.            | 00   | \$    | N        | /A       |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,736.00  Combined monthly income  No.   | 10. | Cal                   | culate monthly income. Add line 7 + line 9.  | 10. \$ | 3    | 4.736.00          | + \$ |       | N/A = \$ | 4.736.00 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.  |     |                       |  |        |      | .,                | L    |       |          | .,       |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\\ \]  4,736.00  Combined monthly income  No.  | 11. | Incli<br>othe<br>Do i | ude contributions from an unmarried partner, members of your household, your<br>er friends or relatives.<br>not include any amounts already included in lines 2-10 or amounts that are not             | deper  |      |                   |      |       |          | 0.00     |
| 13. Do you expect an increase or decrease within the year after you file this form?  No.   | 12. | Writ                  | e that amount on the Summary of Schedules and Statistical Summary of Certa   |        |      |                   |      |       |          | ,        |
| ■ No.  | 40  | _                     |  | •      |      |                   |      |       |          |          |
|  | 13. |                       | No.  |        |      |                   |      |       |          |          |

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| Fill       | in this informa            | ition to identify yo                  | our case:                |   |                       |                  |                   |   |
|------------|----------------------------|---------------------------------------|--------------------------|---|-----------------------|------------------|-------------------|---|
|            | otor 1                     | Sheri Lynn I                          |                          |   |                       | Checl            | c if this is:     |   |
| Dah        | tor O                      |                                       | g                        |   |                       | _                | An amended filing | ota a caractera (10° a caractera              |
|            | otor 2<br>ouse, if filing) |                                       |                          |   |                       |                  |                   | ving postpetition chapter the following date: |
| Unit       | ed States Bankı            | ruptcy Court for the                  | : DISTRI                 | CT OF NEW JERSEY  |                       | 1                | MM / DD / YYYY    |   |
| Cas        | e number                   |                                       |                          |   |                       |                  |                   |   |
| (If k      | nown)                      |                                       |                          |   |                       |                  |                   |   |
| O          | fficial Fo                 | rm 106J                               |                          |   |                       |                  |                   |   |
|            |                            | J: Your                               | Exper                    | ises  |                       |                  |                   | 12/15   |
| Be<br>info | as complete a              | and accurate as                       | s possible<br>eded, atta | . If two married people ar<br>ich another sheet to this     |                       |                  |                   |   |
|            |                            | ribe Your House                       | ehold                    |   |                       |                  |                   |   |
| 1.         | Is this a joir  No. Go to  |                                       |                          |   |                       |                  |                   |   |
|            |                            |                                       | in a separ               | ate household?  |                       |                  |                   |   |
|            | □ N<br>□ Y                 |                                       | st file Offici           | al Form 106J-2, <i>Expenses</i>                             | for Separate House    | ehold of Debto   | or 2.             |   |
| 2.         | Do you have                | e dependents?                         | □ No                     | ,   | ·                     |                  |                   |   |
|            | Do not list D<br>Debtor 2. | ebtor 1 and                           | Yes.                     | Fill out this information for each dependent                | Dependent's relati    |                  | Dependent's age   | Does dependent live with you?                 |
|            | Do not state               |                                       |                          |   |                       |                  |                   | □ No  |
|            | dependents                 | names.                                |                          |   | Son                   |                  |                   | ■ Yes<br>□ No                                 |
|            |                            |                                       |                          |   | Son                   |                  | 16                | ■ Yes   |
|            |                            |                                       |                          |   | Son                   |                  | 19                | □ No<br>■ Yes                                 |
|            |                            |                                       |                          |   |                       |                  |                   | ■ Yes   |
| 3.         | Do vour ext                | oenses include                        | _                        | NI-   |                       |                  |                   | ☐ Yes   |
| O.         | expenses o                 | f people other t<br>d your depende    | han _                    | No<br>Yes   |                       |                  |                   |   |
| Par        | t 2: Estim                 | ate Your Ongoi                        | ng Month                 | y Expenses  |                       |                  |                   |   |
| exp        |                            |                                       |                          | uptcy filing date unless y<br>y is filed. If this is a supp |                       |                  |                   |   |
|            |                            |                                       |                          | government assistance i                                     |                       |                  |                   |   |
|            | ficial Form 10             |                                       | a nave inc               | cluded it on Schedule I: Y                                  | our income            |                  | Your exp          | enses   |
| 4.         |                            | or home owners<br>and any rent for th |                          | ses for your residence. In                                  | nclude first mortgage | e<br>4. \$       |                   | 1,500.00                                      |
|            | If not includ              | led in line 4:                        |                          |   |                       |                  |                   |   |
|            | 4a. Real e                 | estate taxes                          |                          |   |                       | 4a. \$           |                   | 0.00  |
|            | •                          | rty, homeowner'                       | •                        |   |                       | 4b. \$<br>4c. \$ |                   | 0.00  |
|            |                            | maintenance, re<br>owner's associa    | •                        | upkeep expenses<br>dominium dues                            |                       | 4c. \$           |                   | 0.00  |
| 5.         | Additional r               | nortgage paym                         | ents for yo              | our residence, such as ho                                   | me equity loans       | 5. \$            |                   | 0.00  |

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| 6a.       | \$   | 300.00  |
|-----------|--|---|
|           | · ·  | 100.00  |
|           | ·  | 460.00  |
|           |  | 0.00  |
| _         | ·  | 900.00  |
|           | ·  |   |
|           | ·  | 300.00  |
|           | ·  | 200.00  |
|           | ·  | 200.00  |
| 11.       | \$   | 50.00   |
| 10        | ¢  | 250.00  |
|           |  |   |
|           | ·  | 200.00  |
| 14.       | \$   | 25.00   |
|           |  |   |
| . –       | •  |   |
|           | ·  | 0.00  |
| 15b.      | \$   | 0.00  |
| 15c.      | \$   | 165.00  |
| 15d.      | \$   | 0.00  |
| -         |  |   |
| 16.       | \$   | 0.00  |
| _         |  |   |
| 17a.      | \$   | 0.00  |
| 17b.      | \$   | 0.00  |
| 17c.      | \$   | 0.00  |
| _         | ·  | 0.00  |
| - ''' d.  | Ψ  | 0.00  |
| 18.       | \$   | 0.00  |
|           | · ·  | 0.00  |
| 19        | ·  | 0.00  |
| _         | our Income   |   |
|           |  | 0.00  |
|           | ·  | 0.00  |
|           | ·  |   |
|           | ·  | 0.00  |
|           |  | 0.00  |
|           | ·  | 0.00  |
| 21.       | +\$  | 0.00  |
|           |  |   |
|           | ¢  | 4.050.00  |
|           |  | 4,650.00  |
|           | ·  |   |
|           | \$   | 4,650.00  |
|           |  |   |
| 00-       | ¢  | 4 700 00  |
|           |  | 4,736.00  |
| 23b.      | -\$  | 4,650.00  |
|           |  |   |
| 230       | s  | 86.00   |
| 230.      |  | 00.00   |
| fila thia | form?  |   |
| ine this  |  |   |
|           | navment to increase  | Or decrease pecanice of   |
|           | payment to increase  | or decrease because c   |
|           | payment to increase  | or decrease because o   |
|           | 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15d. 15d. 15d. 17d. 17d. 17d. 18. 20a. 20b. 20c. 20d. 20e. 21. 23a. 23b. 23c. | 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ 18. \$ \$ 19. \$ 18. \$ \$ 20b. \$ 20c. \$ 20d. \$ 20e. \$ 21. +\$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Fill in this in     | formation to identify your                              | case:                       |                        |                        |  |
|---------------------|---|-----------------------------|------------------------|------------------------|--|
| Debtor 1            | Sheri Lynn Longs  | etaff                       |                        |                        |  |
| DODIOI 1            | First Name  | Middle Name                 | Last Name              |                        |  |
| Debtor 2            |   |                             |                        |                        |  |
| (Spouse if, filing) | First Name  | Middle Name                 | Last Name              |                        |  |
| United States       | Bankruptcy Court for the:                               | DISTRICT OF NEW JERSE       | ΞΥ                     |                        |  |
| Case number         | r   |                             |                        |                        |  |
| (if known)          |   |                             |                        |                        | ☐ Check if this is an  |
|                     |   |                             |                        |                        | amended filing   |
|                     | orm 106Dec  |                             | abtarla Ca             | hadulaa                |  |
| Declar              | ation About a   | n Individual D              | eptor's Sc             | neaules                | 12/15  |
|                     | h. 18 U.S.C. §§ 152, 1341, 1<br>Sign Below              | 515, and 557 1.             |                        |                        |  |
| Did you             | pay or agree to pay some                                | one who is NOT an attorney  | to help you fill out b | ankruptcy forms?       |  |
| ■ No                |   |                             |                        |                        |  |
| ☐ Ye                | s. Name of person                                       |                             |                        |                        | kruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                     | enalty of perjury, I declare<br>y are true and correct. | that I have read the summar | ry and schedules filed | d with this declaratio | on and   |
| X /s/ \$            | Sheri Lynn Longstaff                                    |                             | x                      |                        |  |
|                     | eri Lynn Longstaff<br>ature of Debtor 1                 |                             | Signature of           | Debtor 2               |  |
| Date                | June 23, 2017   |                             | Date                   |                        |  |

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|                         |                       |   |                             |                  |             |   |                               | _               |  |      |
|-------------------------|-----------------------|---|-----------------------------|------------------|-------------|---|-------------------------------|-----------------|--|------|
| Fill in                 | this inforn           | nation to identify you  | r case:                     |                  |             |   |                               |                 |  |      |
| Debto                   | or 1                  | Sheri Lynn Long   | ıstaff                      |                  |             |   |                               |                 |  |      |
|                         |                       | First Name  |                             | Name             | ı           | ast Name                                |                               |                 |  |      |
| Debto<br>(Spous         | or 2<br>e if, filing) | First Name  | Middle                      | Name             | I           | ast Name                                |                               |                 |  |      |
| Unite                   | d States Ba           | nkruptcy Court for the:   | DISTRICT                    | OF NEW JER       | RSEY        |   |                               |                 |  |      |
| Case<br>(if know        | number _              |   |                             | _                |             |   |                               | _               | heck if this is an<br>mended filing                  |      |
| Stat<br>Be as<br>inform | complete a            | rm 107<br>of Financial And accurate as possione space is needed,          | ble. If two ma              | arried people    | are filing  | together, both are                      | equally respon                | nsible for supp | olying correct                                       | 4/10 |
|                         |                       | n). Answer every ques   |                             |                  |             |   |                               |                 |  |      |
| Part 1                  | Give D                | Details About Your Ma   | rital Status a              | and Where You    | u Lived E   | Before                                  |                               |                 |  |      |
| 1. V                    | hat is you            | r current marital statu   | ıs?                         |                  |             |   |                               |                 |  |      |
|                         | Married Not mar       |   |                             |                  |             |   |                               |                 |  |      |
| 2. D                    | uring the la          | ast 3 years, have you   | lived anywhe                | ere other than   | where y     | ou live now?                            |                               |                 |  |      |
|                         | ■ No<br>■ Yes. Lis    | st all of the places you li   | ived in the las             | st 3 years. Do n | not includ  | e where you live nov                    | v.                            |                 |  |      |
| ı                       | Debtor 1 Pr           | ior Address:  |                             | Dates Debtor 1   |             | Debtor 2 Prior Ad                       | ddress:                       |                 | Dates Debtor 2<br>lived there                        |      |
|                         |                       | ast 8 years, did you ev<br>ies include Arizona, Ca                        |                             |                  |             |   |                               |                 |  | erty |
| Part 2                  |                       | ake sure you fill out <i>Sch</i>  |                             | ır Codebtors (C  | Official Fo | rm 106H).                               |                               |                 |  |      |
|                         |                       |   |                             |                  |             |   |                               |                 |  |      |
| F                       | ill in the tota       | e any income from en<br>al amount of income yo<br>ng a joint case and you | u received fro              | m all jobs and   | all busine  | esses, including part                   | t-time activities.            | orevious calen  | dar years?   |      |
|                         | ■ No<br>■ Yes. Fill   | I in the details.   |                             |                  |             |   |                               |                 |  |      |
|                         |                       |   | Debtor 1                    |                  |             |   | Debtor 2                      |                 |  |      |
|                         |                       |   | Sources of<br>Check all tha |                  | (befo       | s income<br>re deductions and<br>sions) | Sources of i<br>Check all tha |                 | Gross income<br>(before deduction<br>and exclusions) | าร   |
|                         |                       |   |                             |                  |             |   |                               |                 |  |      |

Page 61 of 91 Case number (if known) Document Debtor 1 Sheri Lynn Longstaff Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Child Support \$20,872.00 the date you filed for bankruptcy: For last calendar year: **Child Support** \$42,068.00 (January 1 to December 31, 2016) For the calendar year before that: \$42.068.00 Child Support (January 1 to December 31, 2015) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7 ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment

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paid

still owe

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Debtor 1 Sheri Lynn Longstaff

Case number (if known)

| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi  |   | ments or transfer a  | ny property on a     | account of a deb                  | t that benefited ar      |
|-----|--|---|--|----------------------|-----------------------------------|--------------------------|
|     | Yes. List all payments to an insider   |   |  |                      |                                   |                          |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid  | Amount you still owe | Reason for the Include creditor   |                          |
| Pa  | rt 4: Identify Legal Actions, Repossession   | s, and Foreclosures   |  |                      |                                   |                          |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes.                |   |  |                      |                                   |                          |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |   |  |                      |                                   |                          |
|     | Case title Case number   | Nature of the case  | Court or agency  |                      | Status of the                     | case                     |
|     | ATLANTIC CITY ELECTRIC vs. SHERRI LONGSTAFF & BRANDON LONGSTAFF Sheri Lynn Longstaff Atlantic Electric DC-002814-12                                      | Collection  | Superior Court of New<br>Jersey Law Div<br>9 N. Main Street<br>Cape May Court House, NJ<br>08210 |                      | ☐ Pending ☐ On appeal ☐ Concluded |                          |
|     | Sheri Lynn Longstaff<br>LVNV Funding LLC<br>CPM-DC-442-17  | Collection  | Superior Court<br>Jersey<br>9 N. Main Stree<br>Cape May Cou<br>08210                             | t                    | ■ Pending □ On appeal □ Concluded |                          |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below. |   | erty repossessed, f  | oreclosed, garni     | shed, attached,                   | seized, or levied?       |
|     | Creditor Name and Address  | Describe the Property   |  | Date                 | •                                 | Value of the<br>property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details.                                      | Explain what happened toy, did any creditor, incause you owed a debt? |  | nancial institutio   | n, set off any am                 | ounts from your          |
|     | Creditor Name and Address  | Describe the action the   | creditor took  | Date<br>take         | action was                        | Amoun                    |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No  |   | erty in the possessi   | ion of an assign     | ee for the benefi                 | t of creditors, a        |

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Case number (if known)

Debtor 1 Sheri Lynn Longstaff

| Pa  | tt 5: List Certain Gifts and Contributions  | s        |  |   |                           |
|-----|---|----------|--|---|---------------------------|
| 13. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.  | uptcy, c | did you give any gifts with a total value of more t  | han \$600 per person                    | ?                         |
|     | Gifts with a total value of more than \$600 per person  | 0        | Describe the gifts   | Dates you gave the gifts                | Value                     |
|     | Person to Whom You Gave the Gift and Address:   |          |  |   |                           |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co  |          | did you give any gifts or contributions with a tota  | al value of more than                   | \$600 to any charity?     |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code | otal     | Describe what you contributed  | Dates you contributed                   | Value                     |
| Pa  | rt 6: List Certain Losses   |          |  |   |                           |
| 15. | Within 1 year before you filed for bankrup or gambling?  No Yes. Fill in the details.   | otcy or  | since you filed for bankruptcy, did you lose any   | thing because of the                    | ft, fire, other disaster, |
|     | Describe the property you lost and how the loss occurred  | Include  | be any insurance coverage for the loss the amount that insurance has paid. List pending acc claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost    |
| Pa  | rt 7: List Certain Payments or Transfers  | ;        |  |   |                           |
| 16. | consulted about seeking bankruptcy or p   | reparir  | d you or anyone else acting on your behalf pay on g a bankruptcy petition? s, or credit counseling agencies for services required        |   | rty to anyone you         |
|     | Yes. Fill in the details.   |          |  | _                                       |                           |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  | ou       | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Abacus Credit Counselling   | ou .     | \$25   | 6/10/2017                               | \$25.00                   |
|     | www.abacuscc.org  |          |  |   |                           |
|     | BEVERLY McCALL<br>P.O. BOX 666<br>Sea Isle City, NJ 08243<br>bsmccall@snip.net  |          | Attorney Fees of \$1500 plus filing fee of \$300.00  | 6/10/2017                               | \$1,800.00                |
| 17. | Within 1 year before you filed for bankrup<br>promised to help you deal with your cred<br>Do not include any payment or transfer that | litors o |  | or transfer any prope                   | rty to anyone who         |
|     | ■ No □ Yes Fill in the details  |          |  |   |                           |
|     | Yes. Fill in the details.  Person Who Was Paid  |          | Description and value of any property  | Date payment                            | Amount of                 |
|     | Address   |          | transferred  | or transfer was made                    | payment                   |

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Debtor 1 Sheri Lynn Longstaff

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.   |  |                          |   |                   |   |
|-----|--|--|--------------------------|---|-------------------|---|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and v property transferr                                     |                          | Describe any p<br>payments recei<br>paid in exchang | ived or debts     | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  ■ No □ Yes. Fill in the details.  | tcy, did you transfer an<br>tection devices.)                            | y property to a se       | elf-settled trust or                                | similar device of | which you are a                               |
|     | Name of trust  |  | Date Transfer was made   |   |                   |   |
| Par | t 8: List of Certain Financial Accounts, Ins   | struments, Safe Deposit  | Boxes, and Stor          | age Units   |                   |   |
| 20. | Within 1 year before you filed for bankruptor sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated to the solution of the s | r other financial accour   | nts; certificates o      | ·   |                   |   |
|     | ■ No   | nations, and other initial   | iolai motitationo.       |   |                   |   |
|     | ☐ Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of accouninstrument | t or Date acc<br>closed,<br>moved,<br>transfer      | or                | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?  No Yes. Fill in the details.  | rear before you filed for  | bankruptcy, any          | safe deposit box                                    | or other deposito | ory for securities,                           |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                          | escribe the conte                                   | nts               | Do you still have it?                         |
| 22. | Have you stored property in a storage unit c   | or place other than your   | home within 1 ye         | ear before you file                                 | d for bankruptcy  | ?   |
|     | ■ No □ Yes. Fill in the details.   |  |                          |   |                   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                          | escribe the conte                                   | nts               | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control   | for Someone Else   |                          |   |                   |   |
| 23. | Do you hold or control any property that sor for someone.  No Yes. Fill in the details.  | meone else owns? Inclu   | ude any property         | you borrowed fro                                    | m, are storing fo | r, or hold in trust                           |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                          | escribe the prope                                   | rty               | Value   |
| Par | t 10: Give Details About Environmental Info  | ,  |                          |   |                   |   |
| For | the purpose of Part 10, the following definition   | ons apply:   |                          |   |                   |   |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Sheri Lynn Longstaff

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Date of notice  Date of notice  s and orders. |
|---|
| Date of notice                                |
| Date of notice                                |
| Date of notice                                |
|   |
|   |
|   |
| s and orders.                                 |
|   |
|   |
| Status of the case                            |
|   |
| any business?                                 |
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| ber   |
| ty number or ITIN.                            |
|   |
| clude all financial                           |
|   |
|   |
|   |
| t   |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Sh               | neri Lynn Longstaf     |  |
|----------------------|------------------------|--|
| Sheri Lynn Longstaff |                        | Signature of Debtor 2  |
| Signa                | ture of Debtor 1       |  |
| Date                 | June 23, 2017          | Date   |
| _ ′                  | u attach additional pa | ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No                 |                        |  |
| ☐ Yes                | i                      |  |
| Did yo               | u pay or agree to pay  | someone who is not an attorney to help you fill out bankruptcy forms?                                  |
| ■ No                 |                        |  |
| ☐ Yes                | . Name of Person       | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).    |

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| Fill in this infor  | mation to identify your  | case:                  |           |                                    |
|---------------------|--------------------------|------------------------|-----------|------------------------------------|
| Debtor 1            | Sheri Lynn Longs         | staff                  |           |                                    |
|                     | First Name               | Middle Name            | Last Name |                                    |
| Debtor 2            |                          |                        |           |                                    |
| (Spouse if, filing) | First Name               | Middle Name            | Last Name |                                    |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |                                    |
| Case number _       |                          |                        |           | Check if this is an amended filing |

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C? |  |  |
|---|--|---|--|--|
|   |  |   |  |  |
| Creditor's Bank of Gloucester County                      | ■ Surrender the property.  | ■ No  |  |  |
| name:   | ☐ Retain the property and redeem it.                               | <b></b>   |  |  |
| Description of 805 E. 8th Street, Unit 404,               | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |  |  |
| property Ocean City NJ 08226 securing debt:               | ☐ Retain the property and [explain]:                               |   |  |  |
|   |  |   |  |  |
| Creditor's Donna McCafferty                               | ■ Surrender the property.  | ■ No  |  |  |
| name:   | ☐ Retain the property and redeem it.                               | <b></b>   |  |  |
| Description of <b>J-083113-2010</b>                       | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |  |  |
| property securing debt:                                   | ☐ Retain the property and [explain]:                               |   |  |  |
| Scouling debt.  |  |   |  |  |
|   |  |   |  |  |
| Creditor's Fannie Mae                                     | Surrender the property.  | ■ No  |  |  |
| name:   | ☐ Retain the property and redeem it.                               | ΠV  |  |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |  |  |
| property  | ☐ Retain the property and [explain]:                               |   |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Sheri Lynn Longstaff  | Case number (if known)   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| securing debt:   |  |  |  |  |  |  |
| Creditor's Federal Home Loan Mortgage Corp name:   | ■ Surrender the property.  □ Retain the property and redeem it.  | ■ No   |  |  |  |  |
| Description of property securing debt:   | <ul> <li>□ Retain the property and enter into a<br/>Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>  | ☐ Yes  |  |  |  |  |
| Creditor's Franklin Bank   | Surrender the property.  | ■ No   |  |  |  |  |
| Description of property NOTE #0000402 Securing debt: NOTE #0000403                         | Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  | ☐ Yes  |  |  |  |  |
| Creditor's <b>GMAC</b> name:   | ■ Surrender the property.  □ Retain the property and redeem it.  | ■ No   |  |  |  |  |
| Description of property City, NJ 08226 Cape May Securing debt:                             | <ul> <li>□ Retain the property and enter into a<br/>Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>  | ☐ Yes  |  |  |  |  |
| Creditor's GMAC name:  Description of property Ocean City, NJ 08226 securing debt:         | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:                                       | urrender the property. Retain the property and redeem it. etain the property and [explain]:    Ves |  |  |  |  |
| Creditor's Harley Davision Credit name:  Description of Motorcycle property securing debt: | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul> |  |  |  |  |  |
| Creditor's Nova Bank name:  Description of property Ocean City NJ 08226 securing debt:     | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:                                       |  |  |  |  |  |
| Creditor's <b>OPMC</b> name:   | ■ Surrender the property. □ Retain the property and redeem it.   |  |  |  |  |  |
|  | ☐ Retain the property and enter into a   | ⊔ Yes  |  |  |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Sheri Lynn Longstaff  | Case number (if known)   |               |  |  |  |
|--|--|---------------|--|--|--|
| Description of property securing debt:   | Reaffirmation Agreement.  □ Retain the property and [explain]:   |               |  |  |  |
| Creditor's Pennsylvania Business Bank name:  Description of F-23140-09 property securing debt:                     | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:   | ■ No<br>□ Yes |  |  |  |
| Creditor's Pro Capital Fund 1 LLC name:  Description of David Spillane property securing debt:                     | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:   | ■ No<br>□ Yes |  |  |  |
| Creditor's Rushmore Loan Management Services  Description of property 08226 securing debt:                         | ■ Surrender the property.  □ Retain the property and redeem it.  □ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]: | ■ No<br>□ Yes |  |  |  |
| Creditor's Sovereign Bank name:  Description of property Ocean City, NJ 08226 securing debt:                       | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:   | ■ No<br>□ Yes |  |  |  |
| Creditor's <b>Taht Stanton &amp; McCrosson</b> name:  Description of <b>DJ-161816-2010</b> property securing debt: | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:   | ■ No<br>□ Yes |  |  |  |
| Creditor's <b>The Bank</b> name:  Description of property securing debt:   | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:   | ■ No<br>□ Yes |  |  |  |

Creditor's Volkswagon Credit

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| Debtor 1 Sheri Lynn Longstaff  | Case number (if   | known)                                   |
|--|---|--|
|  | ■ Surrender the property.   | ■ No                                     |
| name:  | Retain the property and redeem it.  | ΠV                                       |
| Description of   | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.  | □ Yes                                    |
| property   | ☐ Retain the property and [explain]:  |  |
| securing debt:   |   |  |
| Creditor's Wells Fargo Bank  | ■ Surrender the property.   | ■ No                                     |
| name:  | <ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>                          | <b>—</b> NO                              |
| name.  | Retain the property and redeem it.  Retain the property and enter into a                                      | ☐ Yes                                    |
| Description of F-8751-09   | Reaffirmation Agreement.  | 33                                       |
| property   | ☐ Retain the property and [explain]:  |  |
| securing debt:   |   |  |
|  |   |  |
| Part 2: List Your Unexpired Personal Property Logs that your   | eases<br>listed in Schedule G: Executory Contracts and Une  | expired Leases (Official Form 106G) fill |
|  | ses. Unexpired leases are leases that are still in effectes if the trustee does not assume it. 11 U.S.C. § 36 |  |
| Describe your unexpired personal property leases   |   | Will the lease be assumed?               |
| Lessor's name: Tim Bailey  |   | □ No                                     |
|  |   | ■ Yes                                    |
| Description of leased RESIDENTIAL MONTH-TO Property:   | O-MONTH   |  |
| Part 3: Sign Below   |   |  |
| Under penalty of perjury, I declare that I have indica property that is subject to an unexpired lease. | ated my intention about any property of my estate th  | nat secures a debt and any personal      |
| χ /s/ Sheri Lynn Longstaff   | X   |  |
| Sheri Lynn Longstaff   | Signature of Debtor 2   |  |
| Signature of Debtor 1  |   |  |
|  |   |  |

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| Fill in th             | nis information to identify your case:   |   | Ch                                    | neck on             | e box only as di   | irected in this form and                              | d in Form                         |
|------------------------|--|---|---------------------------------------|---------------------|--------------------|---|-----------------------------------|
| Debtor                 | 1 Sheri Lynn Longstaff   |   | 12                                    | 2A-1Sι              | ipp:               |   |                                   |
| Debtor                 | 2  |   |                                       | <b>■</b> 1 T        | hara ia na prasi   | umption of abuse                                      |                                   |
| (Spouse,               | if filing)   |   |                                       | _                   | •                  | ·   |                                   |
| United                 | States Bankruptcy Court for the: District of New Jer   | sey                                       |                                       |                     |                    | o determine if a presu<br>nade under <i>Chapter</i> 7 |                                   |
| Case n                 | umber  |   |                                       |                     |                    | cial Form 122A-2).                                    | 77007                             |
| (if known)             |  |   |                                       |                     |                    | does not apply now be service but it could ap         |                                   |
|                        |  |   |                                       | ☐ Ch                | eck if this is a   | n amended filing                                      |                                   |
| Offic                  | ial Form 122A - 1  |   |                                       |                     |                    |   |                                   |
| Cha                    | oter 7 Statement of Your Cur   | rent Moi                                  | nthly Inc                             | ome                 | е                  |   | 12/15                             |
| attach a<br>case nur   | mplete and accurate as possible. If two married people a separate sheet to this form. Include the line number to whoser (if known). If you believe that you are exempted frog military service, complete and file Statement of Exemple Calculate Your Current Monthly Income | hich the addition<br>m a presumption      | nal information a<br>of abuse becau   | applies.<br>ise you | On the top of ar   | ny additional pages, wri<br>narily consumer debts o   | te your name and<br>or because of |
| 1. <b>W</b>            | hat is your marital and filing status? Check one or  | ıly.                                      |                                       |                     |                    |   |                                   |
|                        | Not married. Fill out Column A, lines 2-11.  |   |                                       |                     |                    |   |                                   |
|                        | Married and your spouse is filing with you. Fill ou  | ut both Columns                           | A and B, lines                        | 2-11.               |                    |   |                                   |
|                        | Married and your spouse is NOT filing with you.  | You and your                              | spouse are:                           |                     |                    |   |                                   |
|                        | $\hfill \square$ Living in the same household and are not lega   | Illy separated.                           | Fill out both Co                      | olumns              | A and B, lines 2   | 2-11.   |                                   |
|                        | ■ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading  | egally separated                          | d under nonbar                        | hkruptc             | y law that applie  | es or that you and you                                |                                   |
| 101(1<br>the 6         | the average monthly income that you received from all 0A). For example, if you are filing on September 15, the 6-m months, add the income for all 6 months and divide the total ses own the same rental property, put the income from that p                                 | onth period would<br>by 6. Fill in the re | be March 1 thro<br>sult. Do not inclu | ugh Aug<br>de any i | ust 31. If the amo | ount of your monthly incorpore than once. For examp   | ne varied during<br>ble, if both  |
| ·                      |  |   |                                       | Colum<br>Debto      |                    | Column B Debtor 2 or non-filing spouse                |                                   |
|                        | our gross wages, salary, tips, bonuses, overtime, pyroll deductions).  | and commission                            | ons (before all                       | \$                  | 2,700.00           | \$  |                                   |
|                        | imony and maintenance payments. Do not include olumn B is filled in.   | payments from                             | a spouse if                           | \$                  | 0.00               | \$  |                                   |
| <b>of</b><br>fro<br>an | I amounts from any source which are regularly payou or your dependents, including child support on an unmarried partner, members of your household roommates. Include regular contributions from a speed in. Do not include payments you listed on line 3.                   | Include regular<br>I, your depende        | r contributions<br>nts, parents,      | \$                  | 3,224.00           | \$  |                                   |
| 5. <b>N</b> e          | et income from operating a business, profession,   |   |                                       |                     |                    |   |                                   |
|                        |  |   | otor 1                                |                     |                    |   |                                   |
|                        | ross receipts (before all deductions)  | \$ <u>0.00</u><br>-\$ <u>0.00</u>         |                                       |                     |                    |   |                                   |
|                        | dinary and necessary operating expenses  |   | Copy here ->                          | . ¢                 | 0.00               | \$  |                                   |
|                        | et monthly income from a business, profession, or far<br>et income from rental and other real property   | m \$                                      | Oopy nere ->                          | Ψ                   | 0.00               | Ψ   |                                   |
| 6. <b>N</b> e          | et income nom remai and other real property  | Deb                                       | otor 1                                |                     |                    |   |                                   |
| Gı                     | ross receipts (before all deductions)  | \$ 0.00                                   |                                       |                     |                    |   |                                   |
|                        | dinary and necessary operating expenses  | -\$ 0.00                                  |                                       |                     |                    |   |                                   |
|                        | et monthly income from rental or other real property   | \$ 0.00                                   | Copy here ->                          | \$                  | 0.00               | \$  |                                   |
|                        | terest, dividends, and royalties   |   |                                       | \$                  | 0.00               | \$  |                                   |

Official Form 122A-1

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| ebtor 1 Sheri Lynn Longstaff  | ocument Pag  | e 72 c       | of 91<br>Case number | r ( <i>if known</i> ) |                              |             |            |
|---|--|--------------|----------------------|-----------------------|------------------------------|-------------|------------|
|   |  |              | Column A Debtor 1    |                       | Column<br>Debtor<br>non-fili |             |            |
| 3. Unemployment compensation  |  |              | \$                   | 0.00                  | \$                           |             |            |
| Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:  | unt received was a bene                                | fit under    |                      |                       |                              |             | -          |
| For you   | \$0.   | .00          |                      |                       |                              |             |            |
| 7 - 1   | '  |              |                      |                       |                              |             |            |
| <ul> <li>Pension or retirement income. Do not include any<br/>benefit under the Social Security Act.</li> </ul>   |  |              | \$                   | 0.00                  | \$                           |             | =          |
| <ol> <li>Income from all other sources not listed above. So not include any benefits received under the Soci received as a victim of a war crime, a crime against domestic terrorism. If necessary, list other sources of total below.</li> </ol> | al Security Act or paymer<br>humanity, or internationa | nts<br>Il or |                      |                       |                              |             |            |
| ·   |  |              | \$                   | 0.00                  | \$                           |             | -          |
|   |  |              | \$                   | 0.00                  | \$                           |             | -          |
| Total amounts from separate pages, if any.  |  | +            | \$                   | 0.00                  | \$                           |             | _          |
| Calculate your total current monthly income. Added each column. Then add the total for Column A to the column are to the column.  |  | \$           | 5,924.00             | + \$                  |                              | _ = \$_     | 5,924.00   |
| <ol> <li>Determine Whether the Means Test Applie</li> <li>Calculate your current monthly income for the you</li> <li>Copy your total current monthly income from line</li> </ol>  | ear. Follow these steps:                               |              | Сор                  | y line 11 l           | nere=>                       | \$          | 5,924.00   |
| Multiply by 12 (the number of months in a year  |  |              |                      |                       |                              |             | 12         |
| 12b. The result is your annual income for this part o   |  |              |                      |                       |                              |             | 71,088.00  |
| 3. Calculate the median family income that applies  | to you. Follow these ste                               | ps:          |                      |                       |                              |             |            |
| Fill in the state in which you live.  | NJ   |              |                      |                       |                              |             |            |
| Fill in the number of people in your household.   | 4  |              |                      |                       |                              |             |            |
| Fill in the median family income for your state and si<br>To find a list of applicable median income amounts,<br>for this form. This list may also be available at the ba   | go online using the link s                             | specified    | in the separ         | ate instruc           |                              | 13. \$      | 111,088.00 |
| 4. How do the lines compare?  |  |              |                      |                       |                              |             |            |
| 14a. Line 12b is less than or equal to line 13  | . On the top of page 1. ch                             | heck box     | 1. There is          | no presum             | nption of a                  | buse.       |            |
| Go to Part 3.  14b.  Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.  | , , ,  |              |                      | ·                     | •                            |             | 122A-2.    |
| t 3: Sign Below   |  |              |                      |                       |                              |             |            |
| By signing here, I declare under penalty of peri  | ury that the information o                             | n this sta   | atement and          | in any atta           | achments                     | is true and | correct    |
|   | and the morniagon o                                    | 510          |                      | arry atte             |                              | .c a do dad |            |
| X /s/ Sheri Lynn Longstaff  |  |              |                      |                       |                              |             |            |
| Sheri Lynn Longstaff Signature of Debtor 1  |  |              |                      |                       |                              |             |            |

Date June 23, 2017

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-22919-JNP Doc 1 Filed 06/23/17 Entered 06/23/17 21:01:59 Desc Main Document Page 77 of 91

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court District of New Jersey

| In re       | Sheri Lynn Longstaff  |   | Case N  | 0.                |                        |
|-------------|---|---|---|-------------------|------------------------|
|             |   | Debtor(s)   | Chapter   | 7                 |                        |
|             | DISCLOSURE OF COMPEN  | NSATION OF ATTOR  | NEY FOR I   | DEBTOR(S          | )                      |
| C           | ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(lompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptcy,  | or agreed to be pa                                      | aid to me, for se |                        |
|             | For legal services, I have agreed to accept   |   | \$  | 1,800.0           | 00                     |
|             | Prior to the filing of this statement I have received   |   |   | 1,800.0           | 00                     |
|             | Balance Due   |   | \$  | 0.0               | 00_                    |
| 2. T        | he source of the compensation paid to me was:   |   |   |                   |                        |
|             | ■ Debtor □ Other (specify):   |   |   |                   |                        |
| 3. T        | he source of compensation to be paid to me is:  |   |   |                   |                        |
|             | ■ Debtor □ Other (specify):   |   |   |                   |                        |
| 4. <b>I</b> | I have not agreed to share the above-disclosed compe  | ensation with any other person t  | inless they are mo                                      | embers and asso   | ciates of my law firm. |
| 0           | I have agreed to share the above-disclosed compensations of the agreement, together with a list of the name   |   |   |                   | of my law firm. A      |
| 5. I        | n return for the above-disclosed fee, I have agreed to rer  | nder legal service for all aspects  | of the bankruptc  | y case, includin  | g:                     |
| b.<br>c.    | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and application | ement of affairs and plan which<br>rs and confirmation hearing, and<br>educe to market value; exe | may be required;<br>d any adjourned l<br>mption plannir | nearings thereof  | n and filing of        |
|             | 522(f)(2)(A) for avoidance of liens on hou  | sehold goods.   | _   | -                 |                        |
| 6. B        | y agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other adversary proceeding.   |   |   | nces, relief fro  | om stay actions or     |
|             |   | CERTIFICATION   |   |                   |                        |
|             | certify that the foregoing is a complete statement of any nkruptcy proceeding.  | agreement or arrangement for  | payment to me fo  | r representation  | of the debtor(s) in    |
| Ju          | ne 23, 2017   | /s/ Beverly McCall  |   |                   |                        |
| Da          | te  | Beverly McCall Signature of Attorney  |   |                   |                        |
|             |   | BEVERLY McCAL   |   |                   |                        |
|             |   | P.O. BOX 666  |   |                   |                        |
|             |   | Sea Isle City, NJ 0<br>609.263.0089 Fax   |   |                   |                        |
|             |   | bsmccall@snip.ne  |   |                   |                        |
|             |   | Name of law firm  |   |                   |                        |

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## **United States Bankruptcy Court**District of New Jersey

|        |                                     | District of New Jersey                           |                    |                       |
|--------|-------------------------------------|--|--------------------|-----------------------|
| In re  | Sheri Lynn Longstaff                |  | Case No.           |                       |
|        | -                                   | Debtor(s)  | Chapter            | 7                     |
|        | VERII                               | FICATION OF CREDITOR                             | MATRIX             |                       |
| The ab | ove-named Debtor hereby verifies th | at the attached list of creditors is true and co | orrect to the best | of his/her knowledge. |
| Date:  | June 23, 2017                       | /s/ Sheri Lynn Longstaff                         |                    |                       |
|        |                                     | Sheri Lynn Longstaff                             |                    |                       |

Signature of Debtor

Allied Interstate 3000 Corporate Drive Columbus, OH 43231

American Express P.O. Box 981535 El Paso, TX

American Express P.O. Box 981535 El Paso, TX 79998

American Express P.O. Box 7863 Fort Lauderdale, FL 33329

Apex Asset Management 2501 Oregon Pike Suite 102 Lancaster, PA 17601

Associated Credit Services P.O. Box 7863 Hopkinton, MA 01748

Associated Credit Services P.O. Box 9100 Hopkinton, MA 01748

Atlantic City Electric Warsaw Law Firm 266 King George Road Suite C-2 Warren, NJ 07059

Atlantic City Electric P.O. Box 231 Wilmington, DE 19899

Atlantic Electric c/o Warsaw Law Firm 266 King George Road Suite C-2 Warren, NJ 07059 Atlantic Electric P.O. Box 231 Wilmington, DE 19899

Bank of America P.O. Box 15019 Wilmington, DE 19886

Bank of Gloucester County P.O. Box 1024 Bellmawr, NJ 08099

BarclayCard Bank P.O. Box 8802 Wilmington, DE 19899

Brandon Longstaff 153 N. Main Street Marysville, PA 17053

Budzik & Dynia LLC 4849 North Milwaukee Avenue Suite 801 Chicago, IL 60630

Capital One P.O. Box 70884 Charlotte, NC 28272

Catamaran Media 507 S. Shore Road Marmora, NJ 08223

Citibank 1 NCC Parkway Mail Code K-A16-28 Kalamazoo, MI 49009

Citibank Home Depot Card 1 NCC Parkway Mail Code K-A16-28 Kalamazoo, MI 49009 City of Ocean City 9th & Asbury Avenue Ocean City, NJ

City of Philadelphia Parking Violations P.O. Box 41818 Philadelphia, PA 19011

Clearspring P.O. Box 52238 Idaho Falls, ID 83405

Convergent Outsourcing Inc P.O. Box 9004 Renton, WA 98057

Creditor Interchange 80 Holtz Drive Buffalo, NY 14225

Dell Financial Services 1 Dell Way Round Rock, TX 78682

Discover Card P.O. Box 15192 Wilmington, DE 19850

Discover Card P.O. Box 71084 Charlotte, NC 28272

DiTech P.O. Box 6172 Rapid City, SD 57709

Diversified Adj Services Verizon P.O. Box 32145 Minneapolis, MN 55432

Donna McCafferty c/o Ford Flower & Hasbrook New Road & Central Avenue Linwood, NJ 08221 Dyck O'Neal 15301 Spectrum Drive Suite 450 Addison, TX 75001

Eichenbaum & Stylianou LLC 10 Forest Avenue Suite 300 Paramus, NJ 07653

Electri-Tech Inc 82 Tuckahoe Road Dorothy, NJ 08317

Equity Communications LP Bayport One Suite 100 8025 Black Horse Pike Pleasantville, NJ 08232

Equity One Communications LP Bayport One Suite 100 8025 Black Horse Pike Pleasantville, NJ 08232

Eric Kershenblatt 48 South New York Road Suite B-5 Absecon, NJ 08205

Fannie Mae c/o Clearspring P.O. Box 52238 Idaho Falls, ID 83405

Federal Home Loan Mortgage Corp 3476 State View Boulevard MAC#X7801-013 Fort Mill, SC 29715

Fein Such Kahn & Shepard PC 7 Century Drive Suite 201 Parsippany, NJ 07054

Financial Recovery Services Inc P.O. Box 38598 Minneapolis, MN 55438

Fitzgerald McGroarty 401 New Road Suite 104 Linwood, NJ 08221

Focus Receivables Management 1130 Nothchase Parkway Suite 150 Marietta, GA 30067

Ford Flower & Hasbrouck New Road & Central Avenue Linwood, NJ 08221

Franklin Bank P.O. Box 230 Woodstown, NJ 08098

Freeman & Mintz 34 Tanner Street Haddonfield, NJ 08033

Fulton Bank 533 Fellowship Road Suite 250 Mount Laurel, NJ 08054

GE Money Bank P.O. Box 981064 El Paso, TX 79998

GE Money Bank/Sam's Credit P.O. Box 981064 El Paso, TX 79998

GMAC P.O. Box 780 Waterloo, IA 50704 GMAC c/o Phelan Hallinan & Schmieg 400 Felllowship Way Suite 100 Mount Laurel, NJ 08054

Goldman & Warsaw P.O. Box 2500 Caldwell, NJ 07007-7000

Harley Davidson Credit P.O. Box 21908 Carson City, NV 89721

Harley Davision Credit P.O. Box 21908 Carson City, NV 89721

Herald Newspapers 1508 Route 47 S Rio Grande, NJ 08242

Homestead Codominium Association c/o OPMC P.O. Box 1709 Wildwood, NJ 08260

Homestead Condominium Assn Inc 3314 Pacifi Avenue Wildwood, NJ 08260

HSBC P.O. Box 5244 Carol Stream, IL 60197

I.C. Systems
P.O. Box 64368
Saint Paul, MN 55164

IC System
P.O. Box 64378
Saint Paul, MN 55164

Internal Revenue Serice P.O. Box 21126 Philadelphia, PA 19114

Jacob Collection Group 2623 Wst Oxford Loop Oxford, MS 38655

James D. Donnelly, Esquire P.O. BOX 536 Cherry Hill, NJ 08003

John D. Jordan 111-113 North Broadway Pennsville, NJ 08070

Lamont Hanley & Associates P.O. Box 179 Manchester, NH 03101

Lamont, Hanley & Associates P.O. Box 179 Manchester, NH 03101

LDG Financial Services 7001 Peachtree Industrial Boulevard Suite 320 Norcross, GA 30092

Levy Diamond & Associates P.O. Box 352 Milford, CT 06460

Lowe's P.O. Box 530914 Atlanta, GA 30353

Lowes P.O. Box 530914 Atlanta, GA 30353

LTD Financial Services LP 7322 Southwest Freeway Suite 1600 Houston, TX 77074

LVNV Funding LLC c/o Stenger & Stenger PC 2618 E. Paris Avenue Grand Rapids, MI 49546

McCarthy Burgess & Wolf 2600 Cannon Road Bedford, OH 44146

MCM/Midland Credit Management DEPT. 12421 P.O. Box 603 Oaks, PA 19456

MCM/Midland Credit Management, Dep 12421 P.O. Box 603 Oaks, PA 19456

NARS P.O. Box 701 Chesterfield, MO 63006

National Action Financial Services Inc. P.O. Box 9027 Buffalo, NY 14231

National City 1 NCC Parkway Mail Code K-A16-2B Kalamazoo, MI 49009

NCO Financial Systems P.O. Box 15630 Dept 03 Wilmington, DE 19850

NCO Financial Systems 507 Pudential Road Horsham, PA 19044

NCS Collection Services P.O. Box 24101 Cleveland, OH 44124

Northland Group P.O. Box 390905 Minneapolis, MN 55439

Northstar Location Services LLC 4285 Genesee Street Buffalo, NY 14225

Nova Bank 1235 Westlakes Drive Suite 420 Berwyn, PA 19312

Nudelman Klemm & Golub PE 425 Eagle Rock Avenue Roseland, NJ 07068

Ocean City Tax Collector P.O. Box 208 Ocean City, NJ 08226

OMS P.O. Box 505 Linden, MI 48451

OPMC P.O. Box 1709 Wildwood, NJ 08260

Orlando Children's Hospital 13535 Nemours Parkway Orlando, FL 32827

Pennsylvania Business Bank c/o Pluese, Becker & Saltzmzn LLC 20000 Horizon Way Suite 900 Mount Laurel, NJ 08054

Phelan Hallinan & Schmieg LLC 400 Fellowship Road Suite 100 Mount Laurel, NJ 08054

Pinnacle Financial Group LLC 7825 Washington Avenue Suite 310 Minneapolis, MN 55439

Plaza Associates P.O. Box 18008 Hauppauge, NY 11788

Pluese Becker & Saltzman LLC 2000 Horizon Way Suite 900 Mount Laurel, NJ 08054

PNC Bank P7-PFSC-02-H 500 First Avenue Pittsburgh, PA 15219

Pressler & Pressler 7 Entin Road Parsippany, NJ 07054

Pro Capital Fund 1 LLC 1913 Greentree Road Cherry Hill, NJ 08003

Receivable Management Services P.O. Box 523 Richfield, OH 44286

Retrieval Master Credit Bureau Inc 4 Westchester Plaza Suite 110 Elmsford, NY 10523

Rickart Collection Systems P.O. Box 7242 North Brunswick, NJ 08902

Ricoh America Corp 21146 Network Place Chicago, IL 60673 Ricoh Americas Corporation 21146 Network Place Chicago, IL 60673

RMCB Collection Agency 4 Westchester Plaza Suite 110 Elmsford, NY 10523

RMCB Collection Agency 4 Westchester Plaza Suite 110 Warren, NJ 07059

Rushmore Loan Management Services P.O. Box 55004 Irvine, CA 92619

Sam's Credit P.O. Box 530942 Atlanta, GA 30353

Sears Master Card P.O. Box 6282 Sioux Falls, SD 57117

Sherman Silverstein 308 Harper Drive Moorestown, NJ 08057

Sklar Law Office 1200 Laurel Oak Road Suite 102 Voorhees, NJ 08043

South Jersey Gas c/o Scott H. Marcus & Associates 121 Johnson Road Blackwood, NJ 08012

Sovereign Bank Mail Code 10-6438-WO4 P.O. Box 12646 Reading, PA 19612 State of New Jersey P.O. Box 245 Trenton, NJ 08695

Strategic Recovery Group P.O. Box 52238 Idaho Falls, ID 83405

Taht Stanton & McCrosson 200 Asbury Avenue Ocean City, NJ 08226

TBF Financial 520 Lake Cook Road Suite 510 Deerfield, IL 60015

TD Bank 1701 Route 70 E Cherry Hill, NJ 08034

The Bank 610 Mill Road Absecon, NJ 08201

The Bank of Gloucester County P.O. Box 1024 Bellmawr, NJ 08099

Tiburton Financial LLC P.O. Box 770 Boys Town, NE 68010

Valentine & Kebartas P.O. Box 325 Lawrence, MA 01842

Vision Financial Corp P.O. Box 460260 Saint Louis, MO 63146

Volkswagon Credit P.O.Box 3 Hillsboro, OR 97123 Warsaw Law Firm LLC 266 King George Road Suite C-2 Warren, NJ 07059

Weitzman, Klevan & Abramowitz 1 Greentree Center Marlton, NJ 08053

Wells Fargo Bank P.O. Box 10335 Des Moines, IA 50306

Wells Fargo Bank NA P.O. Box 103335 Des Moines, IA 50306

Weltman, Weinberg & Reis LPA 175 South 3rd Street Suite 900 Columbus, OH 43215

Zucker Goldberg & Ackerman P.O. Box 1024 Mountainside, NJ 07092